

Case Number:	CM13-0028391		
Date Assigned:	11/27/2013	Date of Injury:	10/25/2011
Decision Date:	02/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is 26 old woman who sustained a work related injury on October 25 2011. According to the August 21 2013, she developed left foot allodynia that was partially relieved with ketamine cream. She was diagnosed with state post left foot crash injury, post traumatic CRPS of the left foot. She was treated with H wave units, neurectomy, nerve blocks and medications. The provider is requesting authorization to use topical analgesic (ketamine, Bupivacaine, Doxepin, Gabapentin, Topiramate, Pentoxifylline) 100 gms to treat the patient.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical analgesic (Ketamine, Bupivacaine, Doxepin, Gabapentin, Topiramate, Pentoxifylline): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not approved for transdermal use. Therefore, topical analgesic (ketamine, Bupivacaine, Doxepin, Gabapentin, Topiramate, Pentoxifylline) 100 gms is not medically necessary.