

Case Number:	CM13-0031588		
Date Assigned:	12/04/2013	Date of Injury:	12/05/1991
Decision Date:	04/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational 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 expert 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome of lower extremity, depression, and sleep disturbance reportedly associated with an industrial injury of December 5, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; prior foot and toe surgery; epidural steroid injection therapy; long and short-acting opioids; and topical compounds. In a Utilization Review Report of September 20, 2013, the claims administrator denied a request for a topical compound. The applicant's attorney subsequently appealed. A clinical progress note of September 18, 2013 is notable for comments that the applicant is having ongoing foot, toe, and lower extremity pain. The applicant is on a variety of oral agents, including OxyContin, Oxycodone, Provigil, Xanax, Lunesta, and Effexor. Additionally, she is also using topical Lidoderm patches. A topical compounded cream is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: KETAMINE 10%, FLURBIPROFEN 10%, GABAPENTIN 6%, BACLOFEN 4%, AMITRIPTYLINE 2%, NIFENIPINE 2%, NIFENIPINE 2%, CLONIDINE 0.2% AAA THREE TIMES A DAY QTY 240, REFILLS 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: Several ingredients in the compound carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For example, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Ketamine, gabapentin, and Baclofen have all been deemed "not recommended" or "under study" for topical compound formulation purposes. Since multiple ingredients in the compound carry unfavorable recommendations, the entire compound is considered to carry an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for the compound medication: Ketamine 10%, Flurbiprofen 10%, Gabapentin 6%, Baclofen 4%, Amitriptyline 2%, Nifenipine 2%, Nifenipine 2%, Clonidine 0.2% AAA, three times a day, quantity 240, 3 refills is not medically necessary and appropriate.