

Case Number:	CM13-0044380		
Date Assigned:	06/09/2014	Date of Injury:	03/16/2006
Decision Date:	07/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained a work related injury on July 1, 2001 resulting in right sided low back pain and right knee pain. He has been diagnosed with traumatic arthritis right knee, lumbar disc protrusion with lower extremity spinal stenosis and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROPATHIC PAIN CREAM CONTAINING KETAMINE / BACLOFEN / CYCLOBENZAPRINE / GABAPENTIN / LIDOCAINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS
Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 111-113.

Decision rationale: Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There are few randomized controlled trials to determine their efficacy and safety. If one any one drug in a compounded product is not recommended then the compound is not recommended. Ketamine is only recommended for treatment of neuropathic pain in which all primary and secondary treatment has been exhausted.

Topical ketamine may be indicated in this case if it has been demonstrated that all primary and secondary treatment options have been exhausted and if the indication was for neuropathic pain and not arthritic pain. However as part of a compounded topical analgesic in which other drugs are not recommended, the product as a whole would not be recommended. Baclofen is not indicated. Baclofen and other muscle relaxants are not recommended as there is no evidence for their use as a topical product. Cyclobenzaprine is a muscle relaxant and is therefore not recommended. Gabapentin is not indicated. Gabapentin and other antiepilepsy drugs are not recommended as there is no evidence for their use as a topical product. Lidocaine is not indicated. The only topical form of lidocaine that has been approved for neuropathic pain is in the form of a dermal patch. For non neuropathic pain, topical lidocaine is not recommended. Therefore, the request for Neuropathic Pain Cream Containing Ketamine / Baclofen / Cyclobenzaprine / Gabapentin / Lidocaine is not medically necessary.