

Case Number:	CM13-0046391		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2011
Decision Date:	04/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 51-year-old female presenting with headaches, neck pain, leg pain, shoulder pain and gastric problems following a work-related injury on March 8, 2011. The physical exam was significant for decreased range of motion of the cervical spine, trace tenderness and reflexes at the triceps, biceps and brachial radialis, decreased sensation in the left arm in a glovelike configuration, decreased range of motion in the bilateral shoulders, positive arcus of motion and hesitation test on the right with hypomobility of the shoulders and tenderness on the right, decreased range of motion of the thoracolumbar spine, trace reflexes of the thoracolumbar spine and positive figure 4 on the right. The claimant was diagnosed with chronic pain including migraines, radiculopathy and carpal tunnel syndrome, hiatal hernia and irritable bowel syndrome, multiple disc disease, radiculopathy, myelopathy and vertiginous syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- GABAPENTIN/KETAMINE/LIDOCAINE/ETHOXY ET/SALT S #60: 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): 111-112.

Decision rationale: According to MTUS guidelines, topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, per CA MTUS, topical analgesics, such as lidocaine and Ketamine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. The products are not recommended for non-neuropathic pain. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Therefore, the requested compounded topical cream is not medically necessary.