

Case Number:	CM13-0048423		
Date Assigned:	12/27/2013	Date of Injury:	11/29/1993
Decision Date:	03/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, District of Columbia and Florida. 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:

The patient is a 48-year-old, right-handed, Hispanic male with stated date of injury of 11/29/1999. Mechanism of Injury: The patient states that he was injured while performing his duties for [REDACTED], [REDACTED], a position he held off and on for two years. On 8/9/12, the patient was at work at a job site where a rare earth mine was being constructed in [REDACTED]. The patient states that his supervisor asked him to stop what he was doing and assist in an area around a pipe which required a retaining wall. Without warning, the pipe released an excessive amount of pressure, throwing the patient back about six to eight feet. He suffered trauma to the right side of his head, which struck a pipe. He states that he was covered with mud and water and had pain in the head. He was unable to get up until the water pressure subsided, perhaps 20 seconds. The patient was able to stand and did not have an immediate loss of consciousness. He was assisted by a coworker, who helped clean him and assisted him to the bus that took them back to the company parking area. He states that he was continuing to "talk out of left field" during that time. He was experiencing a "bad headache". The patient states that the next thing he recalls is awakening in the hospital. He was evaluated by a neurologist and kept overnight. He was advised that he had suffered a "major concussion". The patient reports that when he did report complaints of pain in the head, neck, left shoulder, and low back, he was not referred to a doctor. He was provided with ibuprofen to take throughout the day. He states that he had two scheduled days off and he requested to be seen for medical follow-up. The patient was evaluated at the industrial clinic with x-rays of the neck and an MRI of the left shoulder. He was provided with medication, therapy, and acupuncture, which he did not find to be very helpful. He received treatment for a couple of weeks. He was then referred to [REDACTED], an orthopedic surgeon in [REDACTED]. He has seen other specialists as well. He has received a cortisone injection to the

shoulder, which provided some relief of symptoms. The claimant is a male, who has pain in the neck, low back and knee. He has had the pain for 20 years and it impairs his activities of daily living. He has tried physical therapy, heat, ice, massage and injections. Exam reveals cervical midline tenderness with palpation and over the cervical facets. Thoracic spine tenderness is noted in the midline. Lumbar spine exam reveals pain with extension and facet loading, and flexion. The plan was for continued medications. The request for CMPD-Ketamine/Clonidine/Gabapentin/Imipramine/Mefena, 30 day supply, #240, 01 refill which was denied for lack of medical necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Ketamine/Clonidine/Gabapentin/Imipramine/Mefena, 30 day supply, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-

Decision rationale: Regarding a compound topical analgesic consisting of Ketamine/Clonidine/Gabapentin/Imipramine/Mefena, 30 day supply, #240, 01 refill. The guidelines lines stated that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Also the guideline does not support topical Gabapentine. The guidelines states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. Therefore the request for compound topical analgesic consisting of Ketamine/Clonidine/Gabapentin/Imipramine/Mefena, 30 day supply, #240, 01 refill is not medically necessary based on the guideline.