

Case Number:	CM13-0049475		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2000
Decision Date:	02/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 11/1/00. A utilization review determination dated 10/31/13 recommends non-certification of compounded topical cream (Ketamine/Baclofen/Cyclobenzaprine/Diclofenac/Gabapentin). A progress report dated 10/22/13 identifies subjective complaints including left arm and hand pain still better after the SGB. Pain is now 4-5/10, was almost 10/10 before the block. Objective examination findings are not documented. Diagnoses include CRPS, depression, PTSD, right wrist pain from tenosynovitis, history of lumbar fusion with ongoing pain, history of bee sting allergy, and history of hepatitis C. Treatment plan recommends compounded topical cream, as the samples given were very effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded topical cream (Ketamine-Baclofen Cyclobenzaprine 5%, Diclofenac 3%, Gabapentin 5% in lipoderm): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for compound topical cream (Ketamine/Baclofen/Cyclobenzaprine/Diclofenac/Gabapentin), California MTUS cites that topical Ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. That has not been documented and it appears that the patient's CRPS is responding well to interventional treatment. Muscle relaxants such as Baclofen and Cyclobenzaprine and antiepilepsy drugs such as Gabapentin are not supported by the CA MTUS for topical use. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has also not been documented. In light of the above issues, the currently requested compound topical cream (Ketamine/Baclofen/Cyclobenzaprine/Diclofenac/Gabapentin) is not medically necessary.