

Case Number:	CM13-0055493		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2002
Decision Date:	03/28/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 49-year-old female who reported injury on 06/19/2002. The patient's diagnosis was noted to be reflex sympathetic dystrophy. The mechanism of injury was noted to be the patient hurt their shoulder while placing bread on shelves. The patient indicated that nothing has resulted in improvement. The patient was noted to take compounded medications. The patient was noted to be in a wheelchair and have diffuse puffy edema of the hands/arms, left greater than right and to a lesser extent of the legs. It was indicated the patient was almost totally dependent of others for all of her care and personal activities and personal safety and could not propel her wheelchair and could not ambulate even household distances in adequate time to be safe or functional and could not be gainfully employed. The request was made for the compounded medication which the patient was taking and to apply it to the affected area 2 to 3 times per day. The duration the patient had been taking the medication was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day supply of compounded cream (Ketamine/Gabapentin/Amitriptyline) with five refills: 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): 111-113.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as a topical agent; there is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. According to the MTUS guidelines, the request for this compounded medication is not medically necessary.