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| Case Number: | CM13-0056624 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 02/28/1999 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/22/2013 |

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 Orthopedic Surgery 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 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 patient is a 64 year old female injured on 02/28/99 when she was involved in a motor vehicle collision resulting in injuries to her side, neck, arm, shoulders, back, and legs. Current diagnoses as of 01/13/14 include cervical spine degenerative disc disease as well as degenerative joint disease, herniated discs, cervical spine at multiple levels, lumbar spine degenerative joint disease, and degenerative disc disease most prominent at L5-S1, and L4-5 spondylolisthesis. The patient has undergone an L5-S1 laminectomy in 1989 prior to the injury. The patient did undergo acupuncture, massage, physical therapy, aquatic therapy, home TENS unit, steroid injections in the low back, neck, and bilateral hands following the initial injury. The documentation indicates the patient was previously authorized for an L4-S1 TLIF surgery in January of 2014. Additionally, an intercervical discectomy and fusion will be requested. Norco was prescribed at that time. There was no additional documentation provided for review. There was no discussion regarding topical analgesics provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETOLIDO TRANSDERMAL TOPICAL: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Gabapentin and Ketamine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration.