

Case Number:	CM13-0058121		
Date Assigned:	03/31/2014	Date of Injury:	02/01/2006
Decision Date:	06/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 was injured on 02/01/2006. The mechanism of injury is unknown. Diagnostic studies reviewed include a urine drug screen was detected positive for opiates and Tramadol on 10/04/2013. Progress note dated 10/04/2013 documented the patient to have complaints of left ankle pain. His pain is constant and made worse with prolonged standing and typically worse in the evening after his work. Medication and rest generally make his pain better as well as ice and heat improve his pain. He reports having limb pain in the left leg. He complains of nighttime awakening due to limb pain. He also complains of joint stiffness. Objective findings on exam of the left ankle reveal the ankle is not swollen. The talofibular ligaments on the left ankle are tender. Patient does not have anterior drawer sign of the left ankle. Patient is able to bear weight without significant pain on the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-KETAMINE/KRISGEL 1/PCCA LIPO DAY SUPPLY: 10 QTY: 60 REFILLS 4:
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: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control, (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). There is little to no research to support the use of many of these agents. Examination reveals talofibular ligaments tenderness. The patient is diagnosed with pain in joint, ankle/foot; fracture fibula not otherwise specified closed. The patient reports benefit with his medications. Furthermore, Ketamine is under study, only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. This patient does not have neuropathic pain. A compound containing Ketamine would not be medically necessary for the treatment of this patient, and is not supported under the guidelines. Therefore, the request for CMPD-Ketamine/Krisgel 1/PCCA Lidp Day Supply: 10 Qty: 60 Refills 4 is not medically necessary and appropriate.