

Case Number:	CM13-0058167		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2008
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
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 Family Practice 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 33-year-old female who reported an injury on 02/26/2008. The mechanism of injury was not provided for review. The patient's treatment history included medications, physical therapy, acupuncture, chiropractic care, and topical analgesics. The patient's most recent clinical evaluation documented that the patient has 10/10 pain that was exacerbated by walking. The physical examination noted that the patient had swelling of the bilateral feet. The patient's diagnoses included lumbar radiculitis and complex regional pain syndrome of the lower extremities. A request was made for a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF COMPOUNDED CREAM KETAMINE 10%, DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2% IN A LIPODERM BASE 240 GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of Baclofen, Cyclobenzaprine or Gabapentin as a topical agent, as there is little scientific data to support the efficacy and safety of these types of medications. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs as a topical agent unless there is documentation that the patient has failed to respond to oral formulations of this medication or when oral formulations are contraindicated to the patient. The clinical documentation does not include any evidence that the patient has failed to respond to oral nonsteroidal anti-inflammatory drugs. The California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a gel or cream formulation, as these are not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule does recommend the use of ketamine as a topical agent for complex regional pain syndrome. However, the California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug (or drug class) that is not supported by guideline recommendations is not recommended. As this medication contains several agents that are not supported by guideline recommendations, continued use would not be indicated. As such, the requested 1 prescription of a compounded cream with Ketamine 10% / Diclofenac 3% / Baclofen 2% / Cyclobenzaprine 2% / Gabapentin 6% / Lidocaine 2% in a Lidoderm base, 240 grams is not medically necessary or appropriate.