

Case Number:	CM13-0068369		
Date Assigned:	01/17/2014	Date of Injury:	03/20/2013
Decision Date:	06/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/19/2013

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

This 44 year old female has reported back, head, extremity, and neck pain after an injury on 03/20/13. She has been diagnosed with head trauma, brain injury, and sprain/strain of the back and neck. Treatment has included evaluation by various specialists, medications, and acupuncture. On 11/26/13 her treating physician noted ongoing headaches and prescribed the compounded topical agent under review, to be used on the head. There was no discussion of the specific ingredients in the cream. On 12/10/13, Utilization Review non-certified a pain cream containing Clonidine, Gabapentin, and Ketamine in a PLO topical gel. The Utilization Review decision was supported by an MTUS citation. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONIDINE/GABAPENTIN/KETAMINE 0.2-6-10% IN PLO TOPICAL GEL: Upheld

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

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

Decision rationale: Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS, topical Gabapentin is not recommended. The MTUS does not address topical Clonidine. Topical Ketamine may have some utility in treatment of neuropathic pain (neuropathic pain is not present in this case per the available reports), per limited studies, and only in "in refractory cases in which all primary and secondary treatment has been exhausted". All such treatment has not been exhausted in this case. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.