MAXIMUS Federal Services

Case Number:	CM13-0070239		
Date Assigned:	01/03/2014	Date of Injury:	08/07/2006
Decision Date:	05/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 43 year old male who reported an injury on 08/07/2006 due to a traumatic industrial amputation of his arm below his elbow. Clinical note dated 11/08/2013 reported the injured worker complained of a constant pain in the stump on his left upper extremity. He rated the pain 5-9/10, and pain intensified with cold weather, along with pain described as having a sharp piece of metal stabbing his left arm. Treatment includes Norco 10/325MG and Lyrica 50MG. Physical examination findings were positive allodynia, noticeable swelling, and discoloration of the upper left extremity. The injured worker is recommended for a prescription of a compounded formula of Ketamine 10%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, and Tetracaine 2% 240GM. The request for authorization form is dated 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF KETAMINE 10%, GABPENTIN 6%, IMIPRAMINE 3%, NIFEDIPINE 2%, TETRACAINE 2% 240GM #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS AND KETAMINE Page(s): 111-113.

Decision rationale: The Califonia MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The Gabapentin in the cream is not recommended per the MTUS guidelines. In addition, California Medical Treatment Utilization Schedule states that Ketamine is under study. Further Gabapentin and Ketamine exceed the recommendations of the MTUS guidelines. Therefore, the request for 1 prescription of Ketamine 10%, Gabpentin 6%, Imipramine 3%, Nifedipine 2%, Tetracaine 2% 240gm #1, are not medically necessary and appropriate.