

Case Number:	CM14-0007447		
Date Assigned:	02/07/2014	Date of Injury:	11/15/1996
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Internal 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:

The patient is a 71 year old female who was injured on 11/15/96. Prior treatment history has included physical therapy, walking program, Dendracin topical anti-inflammatory, Hydrocodone, and an external bone stimulator. The patient underwent bilateral lumbar epidural injections on 11/12/12, and posterior spine reconstruction at L2-3, L3-4, L4-5, and L5-S1 on 2/15/13. An orthopedic note dated 12/9/13 states that the patient has noted improvement in her neurogenic claudication and radicular symptoms involving her lower extremities. The patient has been doing an incremental walking program to improve her overall functional endurance. On physical examination, the patient has a surgical incision that is well-healed. On palpation of the paravertebral muscles, there is no tenderness or spasticity. Her range of motion is not tested due to spine neutral precautions. The lower extremities reveal motor function is 5/5 in all groups tested. The patient's gait is characterized by a normal stance phase, swing phase, and a normal line of progression. Assessment is status post multi-level reconstructive surgery of the lumbar spine with gradual but progressive improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUNDED CREAM (DICLOFENAC 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6% & TETRACAINE 2.5%): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain after a trial of first line oral therapies have failed. The guidelines state that any compounded product that contains at least one drug class that is not recommended renders the entire compound to be not recommended. The medical records document that the patient has neurogenic claudication and radicular symptoms involving her lower extremities. The requested compound product contains both baclofen and Gabapentin, both of which are not recommended as topical agents. Based on the California MTUS guidelines, the request is not medically necessary.

TOPICAL COMPOUNDED CREAM (KETAMINE HCL 30%): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The California MTUS guidelines recommend topical Ketamine for the treatment of neuropathic pain in refractory cases after a trial of all first and second line treatment has failed. The clinical documents provided do not adequately discuss the first and second line treatments tried thus far along with the results of such treatments. The documents do not support a diagnosis of refractory neuropathic pain. The medical records document that the patient has neurogenic claudication and radicular symptoms involving her lower extremities. Based on the California MTUS guidelines, the request is not medically necessary.