

Case Number:	CM14-0108090		
Date Assigned:	09/16/2014	Date of Injury:	06/13/2011
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 is a patient with a date of injury of 6/13/11. A utilization review determination dated 6/25/14 recommends non-certification of compound creams. 4/15/14 medical report identifies 40% relief of pain after stellate ganglion block lasting about three weeks. There is elbow pain and hand pain with hand feeling cold at times. On exam, there is allodynia of the skin in and around the left hand. Recommendations included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM (KETAMINE, KETOPROFEN, GABAPENTIN, LIDOCAINE, ETHOXY ETHANOL, DIMETHYL SULFOXIDE, PENTRAVAN PLUS CREAM) 360 GMS:: 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: Regarding the request for Compound Cream (Ketamine, Ketoprofen, Gabapentin, Lidocaine, Ethoxy Ethanol, Dimethyl Sulfoxide, PentraVan Plus Cream) 360gms, CA MTUS states that topical compound medications require guideline support for all

components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitors) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Within the documentation available for review, none of the criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Compound Cream (Ketamine, Ketoprofen, Gabapentin, Lidocaine, Ethoxy Ethanol, Dimethyl Sulfoxide, Pentravan Plus Cream) 360gms is non-certified.

COMPOUND CREAM (KETOPROFEN, GABAPENTIN, LIDOCAINE, AMITRIPTYLINE, CARBAMAZEPINE, CLONIDINE, ETHOXY ETHANOL, DIMETHYL SULFOXIDE, PENTRAVAN PLUS CREAM) 240 GMS: 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: Regarding the request for Compound Cream (Ketoprofen, Gabapentin, Lidocaine, Amitriptyline, Carbamazepine, Clonidine, Ethoxy Ethanol, Dimethyl Sulfoxide, Pentravan Plus Cream) 240gms, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested COMPOUND Cream (Ketoprofen, Gabapentin, Lidocaine, Amitriptyline, Carbamazepine, Clonidine, Ethoxy Ethanol, Dimethyl Sulfoxide, Pentravan Plus Cream) 240gms is non-certified.

