

Case Number:	CM14-0108393		
Date Assigned:	08/01/2014	Date of Injury:	10/23/2001
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 56-year-old female who reported a slip and fall on 10/23/2001. On 07/14/2014, she presented with neck, back and lower extremity pain. Her diagnoses included complex regional pain syndrome of the lower extremities, chronic lumbar, thoracic and cervical strain. She also complained of bilateral foot pain throughout the toes and feet radiating along the lower extremities and up into her back. On examination, ankle range of motion was within normal limits. She had tactile allodynia throughout the left foot from the toes up to the ankle. There was pain elicited in the ankle joints more severe on the left than on the right. Upon palpation, there was significant tenderness of the left foot and the right heel. The rationale for the requested doxepin cream stated that it helped her with her neuropathic burning pain in her foot and augmented the effects of oral medication including gabapentin. It also minimized the intake of gabapentin and other oral medications including Relafen and indomethacin. The rationale for the requested ketamine cream stated that this worker did find the ketamine helpful with her pain and function and that she was tolerating it well without side effects. The rationale further stated that this worker had a history of GI complications and that the use of this cream would help to minimize her intake of oral NSAIDS. A Request for Authorization dated 06/17/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3% cream, 60gm quantity 1: Upheld

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

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

Decision rationale: The request for Doxepin 3.3% cream, 60 gm quantity 1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many of these agents are compounded for pain control including antidepressants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. There is no documentation in California MTUS Guidelines, California ACOEM Guidelines or the Official Disability Guidelines, specifically referring to topical use of tricyclic antidepressants. There was no documentation submitted of previously failed trials or oral antidepressants for pain control. Additionally, the body part or parts to which this cream was to have been applied was not specified. Nor was the frequency of application. Therefore, this request for Doxepin 3.3% cream, 60 gm quantity 1 is not medically necessary.

Ketamine 5% cream, 60gm, quantity 1: Upheld

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

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

Decision rationale: The request for Ketamine 5% cream, 60 gm quantity 1 is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many of these agents are compounded for pain control including anesthetics. There is little to no research to support the use of many of these agents. Ketamine, which is an anesthetic under study, is only recommended for the treatment of neuropathic pain in refractory cases where primary and secondary treatment has been exhausted. Ketamine has only been studied for use in uncontrolled studies for CRPS 1 and postherpetic neuralgia. The exact mechanism of action remains undetermined. There is no documentation submitted of previously failed trials of oral antidepressants or anticonvulsant medications. Additionally, the request did not specify a body part or parts to which the cream was to have been applied, nor did it specify the frequency of application. Therefore, this request for ketamine 5% cream, 60 gm quantity 1 is not medically necessary.