

Case Number:	CM14-0014334		
Date Assigned:	02/26/2014	Date of Injury:	10/02/2003
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 Medicine and is licensed to practice in Minnesota. 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 female who reported an injury on 10/02/2003. The clinical note dated 01/17/2014 indicated diagnoses of lumbar discogenic pain, lumbar facet syndrome, lumbosacral radiculopathy, chronic pain, hip capsulitis, hip pain, and lumbar strain or sprain. On physical exam, there was palpable tenderness over the low back, more on the left, with pain exacerbated more with extension than flexion. The injured worker's gait was non-antalgic, with slight kyphosis. The injured worker's prior treatments included medication management. The provider submitted a request for cyclogaba cream and Topamax. The injured worker's medication regimen included a fentanyl patch, Norco, naproxen, Senokot S, Topamax, Senokot, and cyclogaba. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10%: 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 Page(s): 111-113.

Decision rationale: Cyclogaba cream contains (ketamine, baclofen, cyclobenzaprine, diclofenac, gabapentin and tetracaine). The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state Diclofenac, an NSAID, is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The guidelines also state Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. The guidelines indicate Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The guidelines do not recommend Gabapentin and there is no peer-reviewed literature to support its use. The guidelines also state there is no evidence for use of any other muscle relaxant as a topical product. The guidelines state diclofenac, an NSAID, is recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment of the ankle, elbow, foot, hand, knee and wrist, but the documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis pain in the joints of the ankle, elbow, foot, hand, knee, or wrist. In addition, baclofen and gabapentin are not recommended. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended, per the guidelines. Moreover, the injured worker is currently prescribed cyclogaba cream. There was a lack of quantified pain relief and functional improvement. Additionally, topical ketamine has only been studied for CRPS I and post-herpetic neuralgia, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for CRPS I or post-herpetic neuralgia. Furthermore, the request did not provide a frequency or quantity for the medication. Therefore the request for Cyclogaba Cream 10% is not medically necessary.

TOPAMAX 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OTHER ANTIEPILEPTIC DRUGS, TOPAMAX Page(s): 21.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. There was a lack of documentation of efficacy and functional improvement. In addition, there was a lack of documentation that the injured worker had been on a trial of first-line anticonvulsants for neuropathic pain. Moreover, on physical examination, there did not appear to be neurological findings to suggest a neuropathic pain component. Furthermore, the request did not provide frequency or quantity for the medication. Therefore, the request for Topamax 100 mg is not medically necessary.

