

Case Number:	CM14-0017776		
Date Assigned:	04/16/2014	Date of Injury:	04/09/2012
Decision Date:	06/25/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicin and is licensed to practice in Texas and 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 patient is a 51 year old female who was injured on 4/9/2012. The diagnoses listed are chronic low back pain, neck pain and upper extremities pain. On 9/16/2013, [REDACTED] documented subjective complaints of decreased ADL associated with the chronic pain. The patient completed L4-L5 laminectomy, epidural injections and physical therapy but did not experience any significant improvement in pain or symptoms. A lumbar spine MRI showed multilevel disc bulges with impingement on L5 nerve roots. The patient is retired. The medications listed are Carisoprodol for muscle spasm, Zipsor, Lorcet and compound Dermatrans cream for pain. A Utilization Review decision was rendered on 1/28/2014 recommending non certification of Dermatrans cream containing Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Gabapentin 6%, Orphenadrine 5%, and Pentoxifylline 3% in 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

DERMATRANS CREAM: KETAMINE 10%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, ORPHENADRINE 5%, PENTOXIFYLL 3% 120GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111, 112-113.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines addressed the use of topical analgesics for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparation can be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. The MTUS Guidelines recommends that topical medications be utilized and evaluated individually for efficacy. The Dermatrans cream preparation contains Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Gabapentin 6%, Orphenadrine 5% and Pentoxifyll 3% in 120gm. The MTUS Guidelines also stipulates that any compound preparation that contains drugs or drug classes that are not FDA approved for topical use would not be approved for topical use. The Dermatrans cream contains Ketamine, Baclofen, Cyclobenzaprine, Gabapentin, Orphenadrine and Pentoxifyll medications that are not approved for topical use. Therefore, the request for Dermatrans Cream: Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyll 3% 120gms is not medically necessary and appropriate