MAXIMUS Federal Services

Case Number:	CM14-0113776		
Date Assigned:	08/01/2014	Date of Injury:	10/23/2001
Decision Date:	10/27/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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 applicant is a represented [redacted] employee, who has filed a claim for chronic reflex sympathetic dystrophy, low back pain, tarsal tunnel syndrome, and ankle pain reportedly associated with an industrial injury of October 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; psychotropic medications; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of acupuncture over the course of the claim.In a Utilization Review Report dated July 2, 2014, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed.In a July 14, 2014 appeal letter, the attending provider appealed the decision to deny a Ketamine containing cream, and a Doxepin containing cream. The applicant, it is incidentally noted, was described as severely obese, standing 5 feet 7-1/2 inches tall, weighing 365 pounds. The attending provider acknowledged that the applicant was using Gabapentin, Indocin, and Relafen, but stated that he was hoping that Ketamine cream would diminish the need for the same. The applicant's work status was not, however, provided.

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 qty.1: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the Ketamine containing cream at issue, are, as a class, deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Neurontin, Indocin, Tizanidine, Relafen, etc., effectively obviates the need for the largely experimental Doxepin containing cream. Therefore, the request is not medically necessary.

Ketamine 5% cream 60grams qty 1: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Ketamine is deemed "understudy" and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, as with the request for the Doxepin containing cream, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Tizanidine, Relafen, Neurontin, etc., effectively obviates the need for the Ketamine containing cream. Therefore, the request is not medically necessary.