

Case Number:	CM14-0114699		
Date Assigned:	08/04/2014	Date of Injury:	07/30/2009
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pulmonary Diseases 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 injured worker is a 59 year old female with a reported date of injury on 07/30/2009. The mechanism of injury was over usage doing surveys, carrying files, carrying suitcase, binders, and files. The injured worker's diagnoses included right knee osteoarthritis and right patellar tendonitis. The injured worker's past treatments included medications, therapy and surgery. The injured worker's previous diagnostics included multiple knee x-rays and MRIs. The injured worker's surgical history included right total knee arthroplasty. On 07/07/2014 the injured worker complained of tingling down her right tibia and a burning sensation on the plantar surface of the right foot. Pain was rated 7/10 on the right knee which is worse with stair climbing. The clinician observed and reported right knee range of motion at 0-125 degrees of flexion, quadriceps strength at 5/5, and the injured worker ambulates without assistive device with a limp. The injured worker declined offered injection at the time of visit. Neurogenic pain cream was applied in the office which 'made a significant improvement' after 7-10 minutes. Section 8: The injured worker's medications included Norco 5/325mg as needed for pain, Tylenol 500 mg four times per day as needed for pain, and Flexeril. Section 9: The request was for Neurogenic cream: Ketamine 10%, cyclobenzaprine 4%, gabapentin 6%, tramadol 8%, amitriptyline 4%, clonidine 0.2%, 240 gm with one refill for neurogenic pain relief. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurogenic cream: Ketamine 10%, Cyclobenzaprine 4%, Gabapentin 6%, Tramadol 8%, Amitriptyline 4%, Clonidine 0.2%, 240gm with one refill: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The injured worker complained of right lower leg pain with numbness and tingling status post a remote right total knee arthroplasty. The California MTUS Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is no evidence for use of any other muscle relaxant as a topical product. There is no peer-reviewed literature to support use of topical gabapentin. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. Tramadol is an opioid and is not recommended for topical use per peer reviewed literature. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine, Cyclobenzaprine, Gabapentin, and Tramadol are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request did not include the site of application, the amount to be applied, or the frequency of application. Therefore, the request for Neurogenic cream: Ketamine 10%, cyclobenzaprine 4%, gabapentin 6%, tramadol 8%, amitriptyline 4%, clonidine 0.2%, 240gm with one refill is not medically necessary.