

Case Number:	CM14-0118668		
Date Assigned:	08/06/2014	Date of Injury:	05/27/2010
Decision Date:	12/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 57-year-old male with complaints of low back pain. The date of injury is 5/27/10 and the mechanism of injury was while rechecking bearings on machine, a pop in left knee. At the time of request for compound cream (Ketamine/Lidocaine/Clonidine/Neurontin), there is subjective (neuropathic type pain in low back radiating to right leg and foot), objective (uses a cane; right sided limping; varus alignment; pulses 1+ in bilateral ankles and feet; decreased ankle ROM; minimal inversion/eversion strength; tenderness over right lateral foot, thigh, shin areas and metatarsal region; limited bilateral knee flexion; right leg brace with swelling; right foot skin discoloration and duskiness of the toes; tingling and numbness of lateral scars; burning and sensitivity over leg and foot), findings, imaging/other findings (T-spine MR dated 11/6/14. Ankle MRI dated 1/12/14 revealed tibialis anterior tendinopathy/tendonitis with focal edema, chronic Achilles tendinosis, tiny interstitial tear defect, marked denervation change in the foot, degenerative spurring, heterotopic bone across the mortise joint, scarring of lateral ligamentous complex, and ankle syndesmosis), surgery (left knee arthroscopy with partial lateral meniscectomy; patellofemoral chondroplasty in 2010; right popliteal bypass and 4- compartment fasciotomy in 2012; right knee exostosis removal arthroscopically in 2013; Achilles lengthening in 2013) current medications (Fentanyl patch, Percocet, Neurontin, Prilosec, Atarax and pain cream), diagnoses (bilateral total knee replacement for DJD; right lower extremity compartmental syndrome, significant multifactorial pain including neuropathic pain; right foot drop, and avascular necrosis fifth metatarsal right foot.), and treatment (ESI; medications caused heartburn and depression; cortisone injection without relief; gabapentin and fentanyl patch; Norco; SCS trial with more than 50% pain relief in the leg; and oxycodone with benefit.) The request for compound topical analgesic lotion (Ketamine/ Lidocaine/ Clonidine/ Neurontin) was denied on 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Analgesic Lotion(Ketamine/ Lidocaine/ Clonidine/ Neurontin): Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Furthermore, the CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Ketamine is currently under study and is 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. Lidocaine is indicated in localized Neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine are not recommended in topical formulation. Gabapentin is not recommended for topical use per guidelines, as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Compound Topical Analgesic Lotion (Ketamine/ Lidocaine/ Clonidine/ Neurontin) is not medically necessary per guidelines.