

Case Number:	CM14-0150007		
Date Assigned:	09/18/2014	Date of Injury:	06/13/2014
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

This patient is a 59 year old male with an injury date of 6/13/14. Based on the 8/25/14 progress report by [REDACTED] this patient complains of "intermittent sharp pain in the left more so than right mid cervical region extending into the bilateral superior trapezius and midthoracic area." Exam of the cervical region show "tenderness to palpation along the left cervical paraspinal muscles laterally over the mid facet joints with active range of motion of 30 degrees of forward flexion, 10 degrees of extension, and 6 degrees of turning to either side, and 15 degrees of lateral flexion to either side." Muscle stretch reflexes are "1+ in the biceps, triceps, and brachial radialis bilaterally." Work status as of 8/25/14 to "continue on the current modified work duty." Impressions show cervical facet joint pain due to a whiplash type injury, bilateral rhomboid strain improved, lumbar axial pain due to lumbar spondylosis. He is also status post a median nerve branch block of the L4-5 and L5-S1 facet joints from 8/14/14. The utilization review being challenged is dated 9/10/14. The request is for compound cream (Ketamine, Clonidine, Gabapentin, Amitriptyline, Mefenamic Acid, Bupivacaine)- unspecified. The requesting provider is [REDACTED] and he has provided various reports from 6/13/14 to 8/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream (Ketamine, Clonidine, Gabapentin, Amitriptyline, Mefenamic Acid, Bupivacaine) - unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Topical Analgesics, regarding Non-steroidal anti-inflamm.

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

Decision rationale: This patient presents with intermittent sharp pain in the cervical region and into the bilateral superior trapezius and midthoracic area and intermittent low back pain. The treater requests compound cream (Ketamine, Clonidine, Gabapentin, Amitriptyline, Mefenamic Acid, Bupivacaine)- unspecified. MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use and Amitriptyline is not FDA approved as a topical agent. Given the request is for a topical cream that contains at least two drugs that are not recommended, Gabapentin and Amitriptyline, this compound fails to meet MTUS guidelines therefore the request is not medically necessary.