

Case Number:	CM14-0171175		
Date Assigned:	10/23/2014	Date of Injury:	05/02/2012
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 foot pain reportedly associated with an industrial injury of May 2, 2012. Thus far, the applicant has been treated analgesic medications; a reported diagnosis of chronic regional pain syndrome; adjuvant medications; and topical compounds. In a Utilization Review Report dated September 19, 2014, the claims administrator denied a request for topical compounded Ketamine-Gabapentin-Baclofen-Cyclobenzaprine-Lidocaine compound. The claims administrator noted that the applicant was using Motrin, Lyrica, Neurontin and oral Gabapentin in its denial. The applicant's attorney subsequently appealed. In an earlier progress note dated May 6, 2014, the applicant reported ongoing complaints of foot pain. The applicant was reportedly using Motrin and Excedrin, it was acknowledged. In an August 5, 2014 prescription form, the applicant was given a prescription for Motrin and Ketamine-Gabapentin-Baclofen-Cyclobenzaprine-Lidocaine compound at issue. In a progress note of the same date, the attending provider noted that the applicant was using Motrin for pain relief, was trying to go to the gym to ameliorate her foot pain, and reportedly had adverse effects with Lyrica, Neurontin and Gabapentin. Permanent work restrictions were renewed. The applicant was apparently not working with the permanent limitations in place. The claims administrator suggested that the applicant receive massage therapy for the foot and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication (Ketamine, Gabapentin, Baclofen, Cyclobenzaprine, Lidocaine):
Upheld

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

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

Decision rationale: Based on the Utilization Review Report and the attending provider's description of events, the request in question represents a request for a topical compounded Ketamine-Gabapentin-Baclofen-Cyclobenzaprine-Lidocaine compound. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that both Gabapentin and Baclofen, two of the ingredients in the compound, are deemed "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including oral Ibuprofen, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compound at issue. Therefore, the request is not medically necessary.