

Case Number:	CM14-0023195		
Date Assigned:	05/14/2014	Date of Injury:	11/02/2010
Decision Date:	07/10/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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 & 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:

The injured worker is a 41-year-old female who reported an injury on 11/02/2010; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/04/2013, the claimant reported neck, arm, and full body pain that rated 7/10 to 9/10. The claimant reported relieving factors included laying down and medication. Previous treatments noted included therapy, acupuncture, and medication. Physical examination revealed left upper extremity swelling, and hypersensitivity with mottled appearance and discoloration. Additionally, the claimant was incapable of making a complete fist of the left hand. The claimant's associated diagnoses include complex regional pain syndrome of the left upper extremity, medication induced nausea, constipation, and multiple sclerosis. Medication list included Celexa 20 mg, Fentanyl patch 12 mcg, Inland Pain Medicine IK-2 compound cream, Gabapentin 600 mg, and Remeron. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS:
AMITRIPTYLINE/BUPIVACAINE/CLONIDINE/GABAPENTIN/LIDOCAINE,
ULTRACIN LOTION (DURATION AND FREQUENCY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The primary active ingredients listed within the clinical notes of the compounded cream are as follows: Amitriptyline 5%, Bupivacaine 2%, Clonidine 0.2%, Gabapentin 4%, Ketamine 1%, and Lidocaine 10%. California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended by the guidelines. The MTUS Guidelines state that Ketamine is only recommended for treatment of neuropathic pain in which all primary and secondary treatments have been exhausted and has only been studied for efficacy in CRPS and postherpetic neuralgia. The MTUS Guidelines further state that topical Lidocaine in the formulation of a dermal patch is also used off label for diabetic neuropathy and has no other commercially approved topical formulation of Lidocaine as indicated for neuropathic pain. As such, due to the MTUS guidelines recommendation of a compounded cream not being recommended due to the presence of any 1 compound that is not recommended by the guidelines, this compound contains an unapproved formulation that included Gabapentin and Lidocaine. The only approved dermal application of Lidocaine, per the guidelines, is Lidoderm patches. Additionally, the MTUS Guidelines specifically state that Gabapentin is not recommended due to a lack of peer reviewed literature to support the use. As such, the retrospective request for Amitriptyline/Bupivacaine/Clonidine/Gabapentin/Lidocaine, Ultracin Lotion (duration and frequency unknown) is not medically necessary and appropriate.