

Case Number:	CM14-0033726		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2009
Decision Date:	11/07/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/18/2014

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 Internal 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 injured worker is a 29 year-old woman with a date of injury of July 6, 2009 and March 9, 2010. She was working as an [REDACTED] worker. The injured worker was lifting a wheelchair to the back lift of a truck. The injured worker immediately developed neck, right shoulder, and right arm pain. A medical note dated February 18, 2010 documented that the injured worker is status post six sessions of physical therapy that made her symptoms worse. She also had trigger point injections, which did not relieve her neck pain and caused headaches. She had increasing neck pain with walking and difficulty sleeping. Her medications included Prozac, Tylenol, Excedrin, and Aleve. Clinical impression and diagnoses include: C5-C6, C6-C7 cervical disc disease with neural foraminal narrowing at C5-C6 and C6-C7, with right radiculopathy that was stable without any associated neurological deficit, and degenerative thoracic disc disease without any evidence of myelopathy. A thoracic brace, and occasional interspinal blocks were recommended. For her neck, a soft cervical collar was recommended. Home cervical traction device with 4 pounds was recommended. Nortriptyline and Neurontin were prescribed. She was precluded from lifting or using her right arm. Electromyogram and nerve conduction studies were completed October 26, 2010. The studies demonstrated a mild entrapment/inflammation of the right ulnar nerve at the elbow. No abnormalities were seen in the left upper limb. There was no cervical radiculopathy. Normal electrodiagnostic study of bilateral lower limbs was noted. A note dated November 20, 2010 reports that the injured worker presented with pain in her neck and right elbow, as well as numbness in her right hand and fingers. Vicodin was prescribed at that time. MRI of the cervical spine, and right shoulder were completed February 11, 2011. Clinical correlation was suggested in both reports. A QME dated July 17, 2012 concluded that the injured worker did not need any invasive treatment, and she could perform her usual and customary work. He found no objective factors of disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Keto/Tram/Cyclo/Gaba (compounds) (DOS: 02/07/13): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Pursuant to the MTUS guidelines and the Official Disability Guidelines, retrospective date of service 2/7/2013 for compound topical analgesic Keto/Tram/Cyclo/GABA is not medically necessary. The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental with few randomized trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, drug interactions and there is no need to titrate. There was little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical non-steroidal anti-inflammatory medication may be useful for chronic musculoskeletal pain but there are no long-term studies of their effectiveness or safety. In this case, a compounded topical analgesic was prescribed that included Ketoprofen, Tramadol, Gabapentin and Cyclobenzaprine. According to the MTUS guidelines Gabapentin is not recommended. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended and consequently, the entire compounded topical product is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Pursuant to the MTUS guidelines and the Official Disability Guidelines, retrospective date of service 2/7/2013 for topical products Keto/Tram/Cyclo/GABA is not medically necessary.