

Case Number:	CM14-0037474		
Date Assigned:	06/25/2014	Date of Injury:	05/02/2012
Decision Date:	08/19/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 21-year-old female who reported an injury on 05/02/2012. Prior therapies include physical therapy and medications including NSAIDs, MetaDerm cream and Trazodone. The documentation indicated the injured worker had been utilizing the requested cream since at least 12/2013. The documentation of 02/12/2014 revealed the injured worker had chronic severe low back pain. The injured worker indicated she had been utilizing a TENS unit, but had the same pain. The injured worker indicated the topical cream alleviated the inflammation in her back. The injured worker indicated the pain without medications was 10/10 and with medication was 6/10. The treatment plan included continuation of VV #6, KGGLL (Ketapofen, Guaifenesin, Gabapentin, Loperamide, and Lidocaine) apply 1 to 2 pumps to the affected area 3 times daily. The diagnoses included degenerative lumbar/lumbosacral intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

VV cream # 6 KGGLL (Ketamine, Guaifenesin, Gabapentin, Loperamide, Lidocaine):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and topical analgesics Page(s): 121-122 and 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Gabapentin, Lidocaine, Topical Analgesics Page(s): 113, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/guaifenesin.html>, <http://www.drugs.com/mtm/loperamide.html>.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound includes topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical Lidocaine (Lidoderm) may be recommended for localized peripheral 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). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per drugs.com, Guaifenesin is used to reduce chest congestion caused by the common cold, infections, or allergies. Per drugs.com, Loperamide is used to treat diarrhea. Loperamide is also used to reduce the amount of stool in people who have an ileostomy (re-routing of the bowel through a surgical opening in the stomach). The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. Additionally, there was a lack of documentation indicating a necessity for Guaifenesin and Loperamide in the compounded medication. The documentation indicated the injured worker had an alleviation of the inflammation in her back with the topical medication. The duration of use was at least 2 months. There was a lack of documentation of objective functional benefit and objective decrease in pain. The request as submitted failed to indicate the frequency, quantity, and strength for the medications. Given the above, the request for VV cream # 6 KGGLL (Ketamine, Guaifenesin, Gabapentin, Loperamide, Lidocaine) is not medically necessary.