

Case Number:	CM14-0039770		
Date Assigned:	06/27/2014	Date of Injury:	09/12/1997
Decision Date:	08/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Pain 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 69-year-old female who reported an injury on 09/12/1997. The mechanism of injury was not provided within the documentation for review. Prior treatments were noted to be compounded medications, opioids, Cymbalta and stellate ganglion blocks. Her diagnosis was noted to be complex regional pain syndrome type 1 of the upper limb. The clinical evaluation on 07/01/2014 notes the injured worker with complaints of neck pain that radiated into her right shoulder. In addition, she had complaints of left-sided lower back pain. She rated her pain at worst an 8/10 and at least a 6/10. The physical examination notes full range of motion to the upper and lower extremities. Examination of the spine notes occipital tenderness, muscle spasm and tenderness to palpation over the left frank area, the treatment plan is for medication refills. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compounded medication: Ketamine 10%, Gabapentin 6%, Clonidine 0.2%, and Lidocaine 5%: Upheld

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

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

Decision rationale: The request for topical compounded medication ketamine 10%, gabapentin 6%, clonidine 0.2%, and lidocaine 5% is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to address topical analgesics by stating there is little to no research to support the use of many of these agents. Compounded product that contains at least 1 drug (or drug class) that is not recommended is then 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. The requested topical cream contains ketamine. The guidelines indicate that ketamine is under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. It is not indicated in the clinical evaluation that the injured worker has failed trials of antidepressants or anticonvulsants. The topical compounded medication contains lidocaine which is not recommended according to the guidelines; therefore, because it contains at least 1 drug that is not recommended, the entire topical compounded medication is not recommended. As such, the request for topical compounded medication ketamine 10%, gabapentin 6%, clonidine 0.2%, and lidocaine 5% is not medically necessary.