

Case Number:	CM14-0045951		
Date Assigned:	07/02/2014	Date of Injury:	11/07/2011
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Management, and is licensed to practice in California and Washington. 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 26-year-old female who reported a crushing injury to her left foot on November 7, 2011. On September 23, 2013, she complained of left foot pain radiating from her toes into her leg and back. She had some numbness and tingling in her left foot and also reported pain in the right hip and knee. Standing on her feet and cold temperatures exacerbated her symptoms, while heat helped relieve her symptoms. On August 5, 2013, she complained of constant pain to the left ankle that she rated as 4-5/10. On September 19, 2013, she complained of cervical pain. She had a positive cervical compression test. Examination of the lumbosacral spine revealed tenderness and spasm in the paravertebral areas as well as tenderness over the bilateral sacroiliac joints and left sciatic notch. Straight leg raising test was positive on the left, and Kemp's test was positive bilaterally, with the left greater than right. Her diagnoses at that time included left foot crush injury, left sacroiliac joint dysfunction secondary to altered gait secondary to left foot crush injury, cervical trapezius myofasciitis and lumbar spine strain secondary to left foot crush injury. No pharmacotherapy was noted in any of the submitted reports. There was no Request for Authorization or rationale contained within the reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurogel cream with Ketamine, Flexeril, Gabapentin, Tramadol, Elavil, and Clonidine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs, other antepilepsy drugs, ketamine, and muscle relaxants sections Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/17721252>.

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

Decision rationale: The request for Neurogel cream w/Ketamine, Flexeril, Gabapentin, Tramadol, Elavil, clonidine is non-certified. The Chronic Pain Medical Treatment Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including NSAIDs, local anesthetics, antidepressants, and biogenic amines. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. Flexeril is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Additionally, there was no frequency of application included in the request. Therefore, the request for Neurogel cream with Ketamine, Flexeril, Gabapentin, Tramadol, Elavil, and Clonidine, is not medically necessary or appropriate.