

Case Number:	CM14-0051187		
Date Assigned:	07/07/2014	Date of Injury:	05/22/1998
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and 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 63-year-old female who reported an injury on 05/22/1998. The mechanism of injury was not provided in the medical records. Her diagnoses include postlaminectomy syndrome of the lumbar spine, depressive disorder, opioid dependence, reflex sympathetic dystrophy of the lower limb, and status post total knee replacement. Her previous treatments included corticosteroid injections to the knee, viscosupplementation injections to the knee, vocational rehab, lumbar epidural steroid injection, participation in a home exercise program, physical therapy, and medications. Her surgical history included bilateral total knee replacements. On 05/05/2014, the injured worker presented for followup and medication refills. Her symptoms were noted to include pain in the bilateral knees, left shoulder, and low back. Her physical examination revealed normal sensation in the bilateral lower extremities, absent right patellar reflex, and decreased motor strength in the right lower extremity. Her medications were noted to include Endocet, Prilosec, fentanyl patches, Klonopin, and Paxil. The treatment plan included continued medications. A request was received for a compound cream including ketamine, lidocaine, and diclofenac. However, the rationale for this request and the official Request for Authorization Form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Ketamine 5%, Lidocaine 3%, Diclofenac 3% #300ml: 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, pages 111-113 Page(s): 111-113.

Decision rationale: The request is not medically necessary. According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is also not recommended. In regard to ketamine, the guidelines state that this medication is only recommended topically for the treatment of neuropathic pain in refractory cases in which in which all primary and secondary has been exhausted. In regards to lidocaine, the guidelines state that lidocaine is only recommended in the treatment of neuropathic pain in the formulation of the Lidoderm patch. The guidelines also specifically state that no other commercially approved topical formulations, such as creams, are indicated for neuropathic pain. In regard to diclofenac, the guidelines state that diclofenac is indicated for relief of osteoarthritis pain and joints that loan themselves to topical treatment, including the knee. The patient was noted to have pain in her bilateral knees, left shoulder, and low back. She has diagnoses of osteoarthritis and status post total knee replacements. Therefore, topical diclofenac would be appropriate. However, as the guidelines only recommend lidocaine in the formulation of the Lidoderm patch, this component is not appropriate. In addition, the documentation did not show that she had been nonresponsive to antidepressants and anticonvulsants or that she had failed all other primary and secondary treatments in order to warrant the use of topical ketamine. Therefore, as the requested compound contains ketamine and lidocaine which are not supported, the compound is also not supported. As such, the request is not medically necessary.