

Case Number:	CM14-0053032		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2011
Decision Date:	08/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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 patient is a 55-year-old female who has submitted a claim for neck pain associated with an industrial injury date of October 3, 2011. Medical records from 2012-2014 were reviewed. The patient complained of neck and shoulder pain, described as achy, dull, and radicular. Physical examination showed severe tenderness and spasms on the right upper trapezius and rhomboid muscles with scapular elevations and dystonic symptoms. Treatment to date has included oral medications and Botox injections to cervical spine. Utilization review, dated March 27, 2014, denied the request for Lidocaine 5% patch #90 with 2 refills because further research is needed to recommend topical lidocaine as treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The same review denied the request for Topical compound cream (Ketamine 10%, Ketoprofen 10%, Gabapentin 10%, and Lidocaine 10%) because there is little to no research to support the use of many of these agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). In this case, patient was prescribed lidocaine patch since 2013 as adjuvant therapy to Cymbalta due to persistence of neuropathic pain. However, there was no objective evidence of functional improvement with Lidoderm patch use. Therefore, the request for Lidocaine 5% patch #90 with 2 refills is not medically necessary.

Topical compound cream (Ketamine 10%, Ketoprofen 10%, Gabapentin 10%, and Lidocaine 10%): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. According to the guidelines, Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. According to the FDA, both Lidocaine and Ketoprofen are not recommended for topical applications. Ketoprofen in particular has an extremely high incidence of photocontact dermatitis. Gabapentin on the other hand, is not recommended for use as a topical analgesic. In this case, patient was prescribed the topical compound to treat chronic pain. However, there was no mention regarding the therapeutic indication for the use of this medication being recommended by the guidelines. Furthermore, this topical cream has components, i.e., ketamine, ketoprofen, gabapentin, and lidocaine that are not recommended for topical use. Also, the present request as submitted failed to specify the quantity to be dispensed. Therefore the request for Topical compound cream (Ketamine 10%, Ketoprofen 10%, Gabapentin 10%, and Lidocaine 10%) is not medically necessary.