

Case Number:	CM14-0070554		
Date Assigned:	07/14/2014	Date of Injury:	12/13/2004
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 38-year-old male with a 12/13/04 date of injury. At the time (4/7/14) of request for authorization for Ketamine 15%/Clonidine 0.2%/Gabapentin 6%/Flurbiprofen 10%/Lidocaine 2% and 6 panel urine drug screen, there is documentation of subjective (lower back pain) and objective (focal tenderness over the L3 and L5 spines and superior iliac crest) findings, current diagnoses (failed back syndrome, bilateral sacroiliitis, and questionable L3-L4 left-sided disc protrusion), and treatment to date (medications (including Ambien, Norco, and Tramadol) and sacroiliac injections). Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 15%/Clonidine 0.2%/Gabapentin 6%/Flurbiprofen 10%/Lidocaine 2%: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of failed back syndrome, bilateral sacroiliitis, and questionable L3-L4 left-sided disc protrusion. However, Ketamine 15%/Clonidine 0.2%/Gabapentin 6%/Flurbiprofen 10%/Lidocaine 2% contains at least one component (Lidocaine and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketamine 15%/Clonidine 0.2%/Gabapentin 6%/Flurbiprofen 10%/Lidocaine 2% is not medically necessary.

6 panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of failed back syndrome, bilateral sacroiliitis, and questionable L3-L4 left-sided disc protrusion. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for 6 panel urine drug screen is not medically necessary.