

Case Number:	CM14-0072351		
Date Assigned:	07/14/2014	Date of Injury:	08/04/2004
Decision Date:	08/14/2014	UR Denial Date:	04/17/2014
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 64-year-old male who reported an injury on 08/04/2004 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right shoulder and low back. The injured worker's treatment history included physical therapy, medications, epidural steroid injections and surgical interventions. The injured worker was evaluated on 04/01/2014. It was documented that the injured worker was having an acute exacerbation of shoulder pain. The physical findings included restricted range of motion of the right shoulder and decreased sensation in the L5 distribution in addition to decreased motor strength and decreased deep tendon reflexes. The injured worker's diagnoses included bilateral L4-5 spinal canal stenosis, lumbar foraminal stenosis, lumbar degenerative disc disease, post laminectomy syndrome, radioactive depression, status post left rotator cuff with re-tear, and status post spinal cord stimulator placement in 2009. The injured worker's treatment plan included continued medications. A request was made for a compounded medication. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Ketamine/Magnesium oxide/Clonidine/Orphenadrine/Amitriptyline, 120 with 4 refills: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40. Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

Decision rationale: The requested compounded medications ketamine/magnesium oxide/clonidine/orphenadrine/amitriptyline 120 with 4 refills is not medically necessary or appropriate. The California MTUS does not support the use of compounded medications. The peer reviewed literature does not support the use of opioids or antidepressants as there is little scientific evidence to support the efficacy and safety of these medications in a topical formulation. The California MTUS does not support the use of orphenadrine as a topical analgesic as there is little scientific evidence to support the efficacy and safety of muscle relaxants in a topical formulation. The California MTUS does not support the use of ketamine as a topical analgesic unless it is for complex regional pain syndrome-like symptoms refractory to other treatment. The clinical documentation submitted for review does not support that the injured worker has complex regional pain syndrome and would benefit from the use of ketamine as a topical analgesic. Additionally, the request is 4 refills. This would not allow for timely reassessment and evaluation of efficacy. Furthermore, the request as it is submitted does not provide an applicable body part or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested ketamine/magnesium oxide/clonidine/orphenadrine/amitriptyline 120 with 4 refills is not medically necessary or appropriate.