MAXIMUS Federal Services

Case Number:	CM14-0085777		
Date Assigned:	07/23/2014	Date of Injury:	06/16/2006
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 with an injury date on 6/16/06. Patient complains of improved cervical pain and bilateral upper extremities pain, right > left, with bilateral shoulder, elbow, and wrist pain per 3/4/14 report. Patient also complains of skin sensitivity to touch in her elbow over surgical scar, wrist, hands, and palms per 3/4/14 report. Patient had 70% decrease of pain in upper extremity and improved neck pain on right side, after cervical epidural steroid injection in January 2014. Based on the 3/4/14 progress report provided by Dr. [redacted] the diagnoses are: cervical radiculopathy, headaches, secondary to occipital neuralgia and cervicogenic component, myofascial pain syndrome of the cervical spine, fibromyalgia. Exam on 3/4/14 showed "C-spine limited range of motion in all directions. Upper extremity reflexes were absent at right triceps and present left triceps. Sensory: diminished sensation to touch at the right medial and lateral aspect of the forearm and hand." Dr. [redacted] is requesting retrospective Flurbiprofen 10% Gabapentin 10% Lidocaine 5% In Lidoderm apply 2-3gm bid-tid, Tramadol 20% Baclofen 5% In Lidoderm Apply 2/3gm Bid-Tid, And Ketamine 10% Gabapentin10% Amitriptyline 10% Clonodine 0.2% In Lidoderm apply 2-3gm bid-tid. The utilization review determination being challenged is dated 5/19/14. Dr. [redacted] is the requesting provider, and he provided treatment reports from 8/20/13 to 3/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURBIPROFEN 10%-GABAPENTIN 10%-LIDOCAINE 5% IN LIPODERM APPLY 2-3 GM BID-TID 2) TRAMADOL 20%-BACLOFEN 5% IN LIPODERM APPLY 2-3 GM BID-TID 3) KETAMINE (CIII) 10%-GABAPENTIN 10%-AMITRIPTYLENE 10%- CLONODINE 0.2% IN LIPODERM APPLY 2-3 GM BID-TID: 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; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with neck pain and bilateral upper extremities pain. The provider has asked for retrospective Flurbiprofen 10% Gabapentin 10% Lidocaine 5% In Lidoderm apply 2-3gm bid-tid on 3/4/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding topical Lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of Lidocaine is indicated. In this case, the requested Lidocaine is not indicated per MTUS guidelines. As Lidocaine is not indicated, the entire requested compound Flurbiprofen 10% Gabapentin 10% Lidocaine 5% In Lidoderm is also not indicated at this time. Recommendation is for denial.This patient presents with neck pain and bilateral upper extremities pain. The provider has asked for Tramadol 20% Baclofen 5% in Lidoderm apply 2/3gm BID-TID on 3/4/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Baclofen is not indicated by MTUS for topical use. As Baclofen is not indicated, the entire requested compound of Tramadol 20% Baclofen 5% in Lidoderm would also not be indicated. Recommendation is for denial.This patient presents with neck pain and bilateral upper extremities pain. The provider has asked for Ketamine 10% Gabapentin10% Amitriptyline 10% Clonodine 0.2% In Lidoderm apply 2-3gm BID-TID on 3/4/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, MTS does not indicate any anti-convulsing for topical use. As topical Gabapentin is not indicated, the entire requested compound Of Ketamine 10% Gabapentin10% Amitriptyline 10% Clonodine 0.2% In Lidoderm would also not be indicated at this time.