

Case Number:	CM14-0192665		
Date Assigned:	11/26/2014	Date of Injury:	05/01/2009
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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 53-year old female with an injury date on 05/01/2009. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervicalgia2. Chronic pain syndrome3. Postlaminectomy syndrome of the cervical region4. Cervical radiculitis5. Myalgia6. Bilateral carpal tunnel syndromeAccording to this report, the patient complains of 6-7/10 neck pain and RUE numbness. Pain is worsen with sitting, lifting, lying down and better with massage, heat/ice, styroform roller. Physical exam reveals positive Spurling's sign. Sensation is reduced in the right C8 dermatome. Tenderness is noted at the cervical paraspinals muscles and facet joints. There were no other significant findings noted on this report. The utilization review denied the request for Neuropathic Topical Pain Cream (Ketamine, Buprivacaine, Diclofenac, SMSO, Doxepine, Gabapentin) QTY: 1on 11/05/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/02/2014 to 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropathic Topical Pain Cream (Ketamine, Buprivacaine, Diclofenac, SMSO, Doxepine, Gabapentin) QTY: 1: 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 Cream Page(s): 111-113.

Decision rationale: According to the 10/28/2014 report, this patient presents with 6-7/10 "neck pain and RUE numbness." Per this report, the current request is for Neuropathic Topical Pain Cream (Ketamine, Buprivacaine, Diclofenac, SMSO, Doxepine, Gabapentin) QTY: 1. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports. In this case, Gabapentin and Ketamine are not recommended in a topical formulation. The request is not medically necessary.