

Case Number:	CM14-0197436		
Date Assigned:	12/05/2014	Date of Injury:	12/20/2004
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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:

This 49-year old woman sustained an industrial injury on 12/20/2004 while lifting a forty pound box onto a conveyor belt when the worker felt a pop followed by pain to her hip, leg, and low back. Diagnoses include intervertebral disc disorder, and sciatica. Treatment has included oral and topical medications, posterior decompression discectomy, pedicle screw fixation, stabilization and interbody fusion of L4-L5 and L5-S1 on 1/4/2011, and left revision of discectomy L5-S1 on 5/1/2013. Physician notes on 11/9/2014 show a midline shift of the lumbar spine with documented failed back fusion including a disintegrated bone graft that needs surgical repair as soon as possible. There are measurements listed showing decreased range of motion to all motions of the spine along with bilateral foot drop, atrophy of lower extremities and weakness of the hallucus longus on the left side. The compound cream noted below was ordered at this time in addition to increasing the doses of oral narcotics. On 11/18/2014, Utilization Review evaluated a prescription for a compound cream including ketamine 10%, bupivacaine 1%, diclofenac 3%, dms0 4%, doxepine 3%, gabapentin 6%, orphenadrine 5%, and pentioxyfylline 3%, 120 grams. The UR physician noted that there is no documentation to support the worker has failed with first-line therapy of anti-depressants and anti-convulsants or intolerance to these medications that may promote the use of a topical agent. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Ketamine 10%, bupivacaine 1%, diclofenac 3%, dms0 4%, doxepine 3%, gabapentin 6%, orphenadrine 5%, pentoxifylline 3%, 120 grams: 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 rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records do not provide such documentation in this case. Moreover, gabapentin is specifically not recommended for topical use by this same guideline, and ketamine is recommended only in refractory cases in which all primary and secondary treatment has been exhausted, a situation which is not documented. Overall, the records and guidelines do not support the current treatment request. This request is not medically necessary.