MAXIMUS Federal Services

Case Number:	CM14-0202620		
Date Assigned:	12/15/2014	Date of Injury:	07/07/2008
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of July 7, 2008. A utilization review determination dated November 26, 2014 recommends noncertification of a topical compound. A progress report dated September 17, 2014 identifies subjective complaints of left arm/hand pain. Lyrica has been helpful and a spinal cord stimulator trial did provide pain relief. Physical examination findings reveal a palpable neuroma in the left palm, mottled appearance, and allodynia/dysesthesias. The diagnosis is reflex sympathetic dystrophy status post crush injury to the left hand. The treatment plan recommends a topical compound with lidocaine, ketoprofen, clonidine, ketamine, and gabapentin. Additionally, other medications are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical gel Lidocaine, Ketoprofen, Clonidine, Ketamine, Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Topical gel Lidocaine, Ketoprofen, Clonidine, Ketamine, Gabapentin, CA MTUS states that topical compound medications require guideline

support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Topical gel Lidocaine, Ketoprofen, Clonidine, Ketamine, Gabapentin is not medically necessary.