MAXIMUS Federal Services

Case Number:	CM14-0204692		
Date Assigned:	02/05/2015	Date of Injury:	10/29/2011
Decision Date:	04/01/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained a work related injury on 10/29/11. The diagnoses have included degenerative arthritis right knee and mild lumbar pain. Treatments to date have included 3 Euflexxa injections left knee, oral medication, and topical gels and creams. In the PR-2 dated 11/3/14, the injured worker complains of knee pain. She has tenderness to palpation just below patella of right knee. She has decreased range of motion in right knee. She has mild swelling of right knee. The medications listed are Norco and topical creams. The request for total knee replacement was pending certification. On 11/19/14, Utilization Review non-certified requests for Ketamine 10% powder, Baclofen 2% powder, Cyclobenzaprine 2% powder, Fluriprofen 10% powder, Gabapentin 6% powder, Lidocaine 5% powder, Amitriptyline 4% powder, Dextromethorphan 10% powder, and Tramidol HCl 20% powder. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS guidelines recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical Lidoderm. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with degenerative arthritis of the knee, a non neuropathic type pain. The diagnosis recommend that topical products be tried and evaluated individually. There is lack of guidelines or FDA support for the use of baclofen, cyclobenzaprine and gabapentin in topical formulations. The criteria for the use of Ketamine 10% / Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 10% / Gabapentin 2% was not met.

Lidocaine 5%, Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS guidelines recommend that topical compound products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical Lidoderm. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The patient was diagnosed with degenerative arthritis of the knee, a non neuropathic type pain. The diagnosis recommend that topical products be tried and evaluated individually. There is lack of guidelines or FDA for the use of topical formulations of Amitriptyline, Tramadol and Dextromethorphan. The criteria for the use of Lidocaine 5% / Amitriptyline 4% /Dextromethorphan 10% / Tramadol 20% was not met.