

Case Number:	CM15-0006879		
Date Assigned:	02/24/2015	Date of Injury:	11/08/2005
Decision Date:	04/01/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 41-year-old female, who sustained an industrial injury on 11/8/05. She has reported pain in the lumbar spine. The diagnoses have included lumbar degenerative disc disease, knee osteoarthritis and lumbar radiculopathy. Treatment to date has included spinal cord stimulator, epidural injections, lumbar fusion and oral medication. As of the PR2 dated 11/10/14, the injured worker reports abdominal pain and nausea from all the oral medications. The treating physician noted reduced range of motion associated with pain in the spine. The treating physician requested Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, and lidocaine 5% #240gm. On 1/2/15 Utilization Review non-certified a request for Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, and lidocaine 5% #240gm. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 1/7/15, the injured worker submitted an application for IMR for review of Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, and lidocaine 5% #240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, and lidocaine 5% #240gm: Upheld

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

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketamine, which is still under study, has been beneficial in the treatment of CRPS I and post-herpetic neuralgia which the patient was not diagnosed with. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short-term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient was not diagnosed with post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.