

Case Number:	CM15-0008270		
Date Assigned:	01/23/2015	Date of Injury:	04/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on April 5, 2013. He has complained of pain in his low back with radiation of the lower extremities and has been diagnosed with large disc extrusion, left central, L2-L3 with myelopathy; quads, tibialis anterior and EHL weakness as well as loss of reflux, discopathy L4-L5, L5-S1 with broad based disc protrusion and disc space narrowing, chronic cauda equina syndrome, and lateral recess stenosis at L4-L5 level. Treatment to date has included surgery, medications, physical therapy. Currently the injured worker complains of lower back pain that radiates into his lower extremities. The treatment plan included topical ointment. On December 16, 2014 Utilization Review non certified Ketamine 10%, Orphenadrine 5%, Cyclobenzaprine 2%, Diclofenac 3 %, gabapentin 6%, Tetracaine 2%, and Lidoderm transdermal 120 gm citing the MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7 topical compound cream containing Ketamine HCL 10%, Orphenadrine 5%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2% and Lidoderm transdermal120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: Per the 12/01/14 report the patient presents with lower back pain with focal tenderness at the L3 through S1 level. The current request is for C7 TOPICAL CREAM CONTAINING KETAMINE HCL, 10%, ORPHENADRINE 5%, CYLOBENZAPRINE 2%, DICLOFENAC 3%, GABAPENTIN 6%, TETRACAINE 2% AND LIDODERM TRANSDERMAL 120 GM per the 11/13/14 RFA. As of 12/01/14 the patient is to remain off work until the next appointment. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The 12/01/14 report states the C7 compounded cream was provided two weeks previously and has helped with 30-40% of overall pain and the patient has been able to taper other medication. The report states 1-2 pumps of this medication is to be applied to the affected area 3-4 times daily. In this case, the compounded cream contains Cyclobenzaprine which is not approved for topical formulation as well as Gabapentin which MTUS specifically states is not recommended in the topical cream section. Furthermore, the medication includes Diclofenac, an NSAID which is indicated for peripheral joint arthritis tendinitis which is not documented for this patient. Therefore, the requested medication is not recommended by guidelines and IS NOT medically necessary.