MAXIMUS Federal Services

Case Number:	CM15-0107105		
Date Assigned:	06/11/2015	Date of Injury:	03/13/2013
Decision Date:	07/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49 year old male, who sustained an industrial injury on March 13, 2013. The mechanism of injury was not provided. The injured worker has been treated for left groin complaints. The diagnoses have included left inguinal hernia and groin pain syndrome. Treatment to date has included medications, radiological studies, a right inguinal hernia repair and subsequent re-exploration. Current documentation dated February 5, 2015 notes that the injured worker reported pain with movement in the site of the previous inguinal hernia repair. Examination revealed the hernia repair to be intact. The injured worker was noted to have a great deal of pain along the left inguinal canal. The treating physician's plan of care included a request for the compound Ketamine/Clonidine/Gabapentin/Amitripty/Mefena, 30 day supply, quantity 135 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ketamine, Clonidine, Gabapentin, Amitriptyline, Mefena #135 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for left-sided inguinal pain after a hernia repair. When seen, there was pain with movement over the repair site. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline, clonidine, and ketamine. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.