

Case Number:	CM15-0109282		
Date Assigned:	06/15/2015	Date of Injury:	09/06/2007
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 55 year old male, who sustained an industrial/work injury on 9/6/07. He reported initial complaints of back pain and leg pain. The injured worker was diagnosed as having post laminectomy syndrome, reflex sympathetic dystrophy of the lower limb, joint pain in the pelvic region and thigh, lower leg joint pain, and ankle and foot pain. Treatment to date has included medication, surgery (s/p lumbar laminectomy, left total hip arthroplasty with shortening on 5/10/12, total left hip replacement 9/22/08, removal of wires and claw, and removal of spinal cord stimulator), activity modification, physical therapy, and nerve block procedure. MRI results were reported on 5/7/09 that revealed L5-S1 disc space surgery, L4-5 diffuse annular bulge with facet and ligamentum flavum degenerative changes, some neural foraminal and central canal narrowing, and mild central canal narrowing at L3-4 due to shortened pedicle. CT scan results were reported on 3/4/11 demonstrating moderate to severe hypertrophic change of acromioclavicular joint. Currently, the injured worker complains of left leg to foot pain. The nerve block done three weeks prior to the left thigh that was beneficial. Sleep quality is poor due to pain. Average pain is 6-8/10. Per the pain management reevaluation follow up visit on 5/5/15, examination revealed residual left hip and leg pain that radiates down the left leg without new neurological deficit. Current plan of care included to continue medical management and renew medications. The requested treatments include Celebrex 200 mg and Gabapentin 10%, Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4%, Menthol 3% 120 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is recommended for patients at intermediate to high risk for gastrointestinal events with no cardiovascular disease. Within the documentation available for review, there is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, there is no documentation that the patient is at intermediate to high risk for gastrointestinal events with no cardiovascular disease. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

One (1) container of Gabapentin 10%, Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4%, Menthol 3% 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Regarding the request for one container of Gabapentin 10%, Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4%, Menthol 3% 120ml, 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. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has 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 one container of Gabapentin 10%, Ketamine 10%, Lidocaine 5%, Cyclobenzaprine 4%, Menthol 3% 120ml is not medically necessary.

