

Case Number:	CM15-0135644		
Date Assigned:	07/23/2015	Date of Injury:	02/28/2002
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 59-year-old female who sustained an industrial injury on 02/28/102. Initial complaints and diagnoses are not available. Treatments to date include medications, intrathecal morphine pump, physical therapy, and lumbar fusion. Diagnostic studies are not addressed. Current complaints include chronic low back pain and right lower extremity radicular pain. Current diagnoses include chronic low back and lower extremity pain, thoracic disc herniation, lumbar degenerative disc disease, pulmonary embolus, and left greater trochanter bursitis. In a progress note dated 06/17/15 the treating provider reports the plan of care as routine refill of intrathecal infusion pump, continued medications including Norco, Lyrica, Omeprazole, Senokot, Ambien, Effexor, Xanax, Lidoderm patches, Tizanidine, Uroxatral, and a compound of ketamine/amitriptyline/gabapentin/baclofen/and cyclobenzaprine; as well a urine drug screen. The requested treatment includes and a compound of ketamine/amitriptyline /gabapentin/baclofen/and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

KAGBC- Ketamine/amitriptyline/gabapentin/baclofen/cyclobenzaprine: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2002 including a diagnosis of failed back surgery syndrome. She has an intrathecal opioid pump. When seen, she was in mild discomfort. There were midline thoracic spine tenderness and muscle spasms at the thoracolumbar junction and in the lumbar paraspinal muscles. Straight leg raising was positive bilaterally. There was decreased left lower extremity strength and sensation. Medications were refilled. Topical treatments included Lidoderm and compounded cream. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. 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. 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. In this case, other single component topical treatments could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.