

Case Number:	CM15-0136426		
Date Assigned:	07/24/2015	Date of Injury:	01/23/2008
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
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: North Carolina
 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 was a 52 year old female, who sustained an industrial injury, January 23, 2008. The injured worker previously received the following treatments Nucynta ER, Lunesta, Lyrica, T2-T3 epidural steroid injection, psychological treatments, left stellate ganglion block, right stellate ganglion block. The injured worker was diagnosed with status postsurgical percutaneous placement of lumbar spinal cord stimulator and leads on January 29, 2015, depression, complex regional pain syndrome and reflex sympathetic dystrophy of the bilateral upper extremities, thoracic nerve root irritation due to laterally migrated stimulator leads, improved status post removal of migrated leads, status post cervical spinal surgery for implantation of a Medtronic laminotomy paddle lead and removal and thoracic myofascial pain with identified trigger points. According to progress note of June 10, 2015, the injured worker's chief complaint was follow-up appoint from spinal cord stimulator. The injured worker received 50% improvement in the pain since the stimulator was placed. The injured worker rated the pain at 5-6 out of 10 with the use of medications and 9 out of 10 without medications. The primary treating physician was discussing medication reduction of Lyrica, Nucynta and Lunesta. Ketamine, Ketoprofen, Gabapentin, Lidocaine topical compound analgesic. The Ketamine, Ketoprofen, Gabapentin, Lidocaine topical compound analgesic was use for neuropathy pain. The treatment plan included Ketamine, Ketoprofen, Gabapentin, Lidocaine topical compound analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Katamine, Ketoprofen, Gabapentin, Lidocaine 240grams: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.