

Case Number:	CM15-0142480		
Date Assigned:	08/03/2015	Date of Injury:	08/04/2001
Decision Date:	09/08/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, California

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:

This is a 50-year-old male patient, who sustained an industrial injury on August 4, 2001. He sustained the injury when he was under the garbage truck trying to adjust the brake on the truck. Suddenly the hydraulic brake broke and the garbage truck started to move, running over his right arm and dragging him for a short distance. The diagnoses include lumbar degenerative disc disease, spondylosis, lumbar facet osteoarthritis throughout the lumbar spine, right wrist arthroscopy, right carpal ulnar release, right carpal tunnel surgery, and right arm regional complex pain syndrome. According to progress note dated July 8, 2015, he had complaint of pain 10 out of 10 without pain medications and 7 out of 10 with pain medication. He had two episodes of swelling of the tongue nearly obstructing the airway and was treated in the local emergency room with prednisone. He had complaints of back pain and right arm pain. The physical examination revealed lumbar spine- tenderness, tightness, decreased flexion and extension, positive left straight leg raising test; right arm- minimal discoloration and swelling, adequate range of motion. The medications list includes Fentanyl Patches, Neurontin, Lorazepam, Citalopram, Methadone and topical pain cream. He has undergone right wrist surgery in 2002; right carpal tunnel surgery in 2001 and 2002. He has had lumbar spine MRI in 2010 and 2013. He has had lumbar epidural steroid injection at L5-S1 intervertebral space and physical therapy. The treatment plan included Ketamine, lidocaine, Gabapentin and Clonidine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain cream - Ketamine 10%/ Lidocaine 5%/ Gabapentin 6%/ Clonidine 0.2% #2 tubes: 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 Topical Analgesics, pages 111-113.

Decision rationale: Compound pain cream - Ketamine 10%/ Lidocaine 5%/ Gabapentin 6%/ Clonidine 0.2% #2 tubes. Ketoprofen is a NSAID and gabapentin is an anti-convulsant. The Cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control. (Including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.) (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." "Topical NSAIDs, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: Neuropathic pain. 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). Non-neuropathic pain: Not recommended. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking neurontin and citalopram. Failure of these antidepressants and anticonvulsants for this injury is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and ketoprofen are not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound pain cream - Ketamine 10%/ Lidocaine 5%/ Gabapentin 6%/ Clonidine 0.2% #2 tubes is not fully established for this patient.