

Case Number:	CM15-0163103		
Date Assigned:	08/31/2015	Date of Injury:	07/31/2012
Decision Date:	10/15/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 42 year old male who sustained an industrial injury on 07-31-2012. He reported that he sustained injuries to the back, neck and wrist when he fell from a ladder 7 feet. According to a progress report dated 06-17-2015, the injured worker had been struggling over the past few weeks due to his increased neck pain. He reported severe neck spasms and stiffness. It was difficult for him to sleep at night due to his neck pain. He was not on any narcotic medication. He had been taking Naproxen and Cyclobenzaprine for his pain. He had been using a compounding cream combination of Ketamine, Baclofen, Cyclobenzaprine, Gabapentin, Diclofenac and Lidocaine. The injured worker had been flared up and it was difficult for him to function. Impression included chronic neck pain secondary to cervical degenerative disc disease C4-5 and C5-6, chronic back pain secondary to lumbosacral degenerative disc disease L4-5 status post lumbar fusion, traumatic brain injury with loss of consciousness, left shoulder severe myofascial pain, neuropathic pain and chronic pain syndrome. The injured worker had been flared up and it was affecting his ability to function. The provider recommended starting 6-8 biofeedback sessions. Compounding cream with Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin and Lidocaine was recommended to manage chronic pain and so that he would not start on any oral narcotic medication. According to a progress report dated 07-15-2015, the injured worker had an episode of severe pain exacerbation 2 weeks prior. He was able to manage pain with Naproxen, Ibuprofen and topical cream. He continued to have frustration with less function than what he used to have due to headaches, muscle spasms and stiffness in

the neck. With relief from pain, he was able to function around his home, go on outings and meet friends for dinner. There was no change in character of headaches. Both Capsaicin and compound cream helped to relieve pain. Pain was controlled on current regimen. There was no gastrointestinal upset or melena. He took Naproxen with food. Trigger point injections were provided. He continued to maintain same function. The treatment plan included continuation of Naproxen, Flexeril and topical compound cream as given prior and Capsaicin cream. He was to follow up in 6 weeks. Currently under review is the request for 8 biofeedback sessions and Ketamine-Baclofen-Cyclobenzaprine-Diclofenac-Gabapentin-Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The documentation submitted for review does not indicate that the injured worker is participating in a cognitive behavioral therapy program. As such, the request is not medically necessary.

Ketamine/baclofen/cyclobenzaprine/diclofenac/gabapentin/lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS with regard to topical ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). Per MTUS p 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Per MTUS CPMTG p 113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]." Cyclobenzaprine is not indicated. Per

MTUS P 113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical diclofenac MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Regarding topical lidocaine, MTUS states (p 112) "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. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Regarding the use of multiple medications, MTUS p 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several components are not recommended, the compound is not medically necessary.