

Case Number:	CM15-0189824		
Date Assigned:	10/01/2015	Date of Injury:	05/27/2008
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 5-27-2008. A review of medical records indicates the injured worker is being treated for cervical strain, status post C5-6, C6-7 fusion, cervicogenic headaches, thoracic strain, lumbar strain with bilateral lumbar radicular symptoms, and carpal tunnel syndrome. Medical records dated 9-15-2015 noted neck pain that worsens with repetitive neck movement or strenuous neck activity. He also complained of headaches, upper back and bilateral shoulder-scapular pain, low back pain, and pain in the elbow, wrists, and hands. Physical examination noted decreased cervical range of motion with mild to slight muscle spasm or tightness in the mid and lower back. There was decreased range of motion to the lumbar spine with slight tenderness of the paracervical muscles. Treatment has included Valium, Opana, Vicodin, ibuprofen, tizanidine, and surgery. MRI of the cervical spine dated 12-30-2010 revealed status post anterior fusion at C5-6, C6-7. EMG of bilateral upper extremities revealed bilateral ulnar neuropathy across the elbow. Utilization review form noncertified Ketamine, Bupivacaine, Diclofenac, Gabapentin, Orphenadrine, Pentoxifylline 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine, Bupivacaine, Diclofenac, Gabapentin, Orphenadrine, Pentoxifylline; apply 3 gm 3-4 times a day with 1 refill: 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: The patient presents on 09/03/15 with cervical spine pain rated 10/10 at worst, 6/10 at best. The patient's date of injury is 05/27/08. Patient is status post cervical laminectomy and fusion in December 2010 and April 2010. The request is for KETAMINE, BUPIVACAINE, DICLOFENAC, GABAPENTIN, ORPHENADRINE, PENTOXIFYLINE; APPLY 3GM 3-4 TIMES A DAY WITH 1 REFILL. The RFA is dated 09/10/15. Physical examination dated 09/03/15 is unremarkable. The patient is currently prescribed Opana, Gabapentin, Ibuprofen, Tizanidine, Valium, Vicodin, Ibuprofen, Dermatrans, and topical Ketamine. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." Regarding topical compounded creams on pg 111. guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded cream containing Ketamine, Bupivacaine, Gabapentin, Orphenadrine, and Pentoxifyline, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. MTUS does not support topical Bupivacaine, Orphenadrine, or Pentoxifyline, either. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.