

Case Number:	CM15-0203928		
Date Assigned:	10/20/2015	Date of Injury:	05/03/2012
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old woman sustained an industrial injury on 5-3-2012. Diagnoses include right foot pain and neuralgia. Treatment has included oral and topical medications and sinus tarsi injection. Physician notes dated 10-8-2015 show complaints of foot ache with radiation to the lateral forefoot with numbness of the toes and swelling on the bottom of the right foot. The physical examination shows well healed incision sites, palpable pulses and less than three second capillary refill in the feet, tenderness on palpation of sinus tarsi and lateral subtalar joint, and no pain is noted with range of motion. Recommendations include wear orthotics, pain coping program, Gabapentin, compound pain cream, pain patches Menthol-Lidocaine, and follow up in four weeks. Utilization Review denied requests for compound pain cream with Ketamine and Menthol-Lidocaine pain patches on 10-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain cream with Ketamine 240gm with 1 refill: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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 use of topical ketamine is under study and only for use in refractory neuropathic pain. The exact mechanism of action remains undetermined. As there is insufficient evidence to support the use of topical Ketamine according to the guidelines, the request is not medically necessary.

Menthol/Lidocaine pain patches, #30: Upheld

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

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case the exam note from 10/8/15 demonstrates there is no evidence of failure of first line medications such as Gabapentin or Lyrica. Based on the documentation the two medications (Gabapentin and Lidocaine patches) were requested on the same date. According to the guidelines a failed trial of a first line medication should be documented prior to initiating topical treatments. Therefore the request is not medically necessary.

Gabapentin 300mg, #30: 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): Anti-epilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the

exam note from 10/8/15 does demonstrate evidence neuropathic pain. Gabapentin is a first line medication for the treatment of neuropathic pain. Initiation of a trial of Gabapentin is reasonable and functional response to a trial should be documented. Therefore medical necessity has not been established, and determination is not medically necessary.