MAXIMUS Federal Services

Case Number:	CM15-0022807		
Date Assigned:	02/12/2015	Date of Injury:	06/15/1997
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency Medicine

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 62-year-old male sustained a work related injury on 06/15/1997. According to a progress report dated 12/05/2014, the injured worker was 3-month post bilateral total knee arthroplasty. He was continuing to do well and reported decreased pain, swelling, and knee stiffness. He was making good progress with physical therapy. There was some mild swelling and stiffness but he was now on an exercise bike 45 minutes to an hour a day without issue. Active medications included Celebrex, Lorazepam, and Ambien Cr.On 01/29/2015, Utilization Review non-certified compound cream: Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1% quantity 4. According to the Utilization Review physician, guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request was not reasonable as there was no documentation that there had been failure of first line therapy. Guidelines referenced included CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1% Qty: 4: 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 Page(s): 111-113.

Decision rationale: The requested Compound cream: Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1% Qty: 4 , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants".The injured worker is s/p bilateral total knee arthroplasty. The treating physician has not documented trials of anti-depressants or anti-convulsant. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Compound cream: Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1% QTY: 4 is not medically necessary.