

Case Number:	CM15-0215750		
Date Assigned:	11/05/2015	Date of Injury:	07/10/2008
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 7-10-2008. The injured worker was being treated for complex regional pain syndrome of the right upper limb. Treatment to date has included diagnostics, right digit reconstruction in 2011, and medications. On 9-28-2015, the injured worker complains of right hand and finger pain, described as aching, burning, numb, sharp, throbbing, and tingling. Pain was rated 7 out of 10 with medications and 10 without. Aggravating factors were reported as cold, lying down, movement, and weather changes, while alleviating factors were reported as heat. He denied any medication allergies. He was not employed. A review of symptoms was positive for headaches, abdominal pain, heartburn-indigestion, nausea-vomiting, itching, anxiety-depression, mood swings, sleep difficulty, and excessive thirst. Exam of the right hand noted positive discoloration and allodynia, along with coldness of the right upper extremity. His third, fourth and fifth right metacarpals were tender to palpation, along with severe hypersensitivity to touch in the fourth and fifth digits, third and fourth metacarpal clubbing, and shiny skin over the right hand with blue-purple color. He was prescribed Oxycodone, Gabapentin, and topical compound cream. Failed medications were not specified. On 10-14-2015 Utilization Review non-certified a request for Ketamine 10%-Lyrica 5%-Amitriptyline 10%-Clonidine 0.2%, 2-3 grams topically two to three times daily, in Lipoderm #60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Lyrica 5%, Amitriptyline 105, clonidine 0.2% 2-3 grams topically twice a day-3 times a day in Lipoderm #60 grams: 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, Ketamine.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Chronic Pain Guidelines also state that topical ketamine, specifically, is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical use of any antiepileptic medication is not recommended due to lack of supportive evidence for use for chronic pain. Any ingredients in a combination analgesic which is non-recommended, should be considered non-recommended in its entirety, according to the Guidelines. In the case of this worker, the provider recommended topical Ketamine 10%, Lyrica 5%, Amitriptyline 105, clonidine 0.2%. However, since this formulation includes both Lyrica and ketamine which are both not recommended, this request is not medically necessary.