

Case Number:	CM15-0031493		
Date Assigned:	02/24/2015	Date of Injury:	07/27/2012
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Pennsylvania

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:

This 52-year-old female reported a work-related injury on 07/27/2012. According to the progress notes from the treating provider dated 2/24/15, the injured worker (IW) reports moderately severe low back pain. Diagnoses include displacement of lumbar disc without myelopathy and degeneration of lumbar disc. Previous treatments were medications. The treating provider requests one prescription of Ketamine 10%, Gabapentin 5%, Lidocaine 5%, Cyclobenzaprine 2% and Diclofenac 3% ointment and one blood draw for serum opiate levels. The Utilization Review on 02/05/2015 non-certified the request for Ketamine 10%, Gabapentin 5%, Lidocaine 5%, Cyclobenzaprine 2% and Diclofenac 3% ointment and one blood draw for serum opiate levels. References cited were CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Gabapentine 5%, Lidocaine 5%, Cyclobenzaprine 2% and Diclofrnac 3% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Ketamine is not medically necessary in this case as the treatment is not directed at neuropathic pain. Topical gabapentin is not recommended as there is no peer reviewed literature to support its use. Topical licocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. As discussed above, the treatment in this case is not directed at neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Topical NSAID's such as diclofenac are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. The diagnoses in this case do not include osteoarthritis or tendinitis. Based on the diagnoses provided, none of the medications listed in this compounded topical medication are medically necessary. Furthermore, if even just one was not medically necessary, the product as a whole would not be considered medically necessary.

One blood draw for serum opiate levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Urine toxicology screens are recommended in the management of opioid prescription for chronic pain. Currently serum opiate levels are not included in the MTUS or ODG for the management of chronic pain. Urine toxicology screening is indicated to avoid misuse and addiction in the management of chronic pain with opioids. Serum opiate levels may also serve this purpose but are not medically necessary. Dosing of opiates should be based on the use of numerical or validated instruments that measure pain in response to opioids. Although serum opiate levels may also provide information for this purpose, they are not medically necessary.