

Case Number:	CM15-0046670		
Date Assigned:	03/18/2015	Date of Injury:	06/16/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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 29 year old female injured worker suffered an industrial injury on 6/16/2013. The diagnoses were laceration injury to the left wrist which led to complex regional pain syndrome. The treatments were medications, occupational therapy, and stellate ganglion blocks. The treating provider reported chronic upper extremity pain with neuropathic features. The pain was moderate and only sleeps less than 6 hours per night. The requested treatments were: 1. Ketamine 10%, Tramadol 8%, Gabapentin 6%, Cyclobenzaprine 4% Clonidine 0.2%. 2. Occupational therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound - Ketamine 10%, Tramadol 8%, Gabapentin 6%, Cyclobenzaprine 4% Clonidine 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Page(s): 112-113.

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

Decision rationale: Per the 02/11/15 report the patient presents with chronic left upper extremity pain with neuropathic features s/p cut to the left wrist. This report provides an impression of CRPS of the left upper extremity. The current request is for TOPICAL COMPOUND KETAMINE 10%, TRAMADOL 8%, GABAPENTIN 6%, CYCLOBENZAPRINE 4%, CONIDINE 0.2% per the 02/11/15 report. The RFA is not included; however, the 02/23/15 utilization review references an RFA dated 02/13/15. The patient is temporarily totally disabled as of 02/23/15. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." MTUS page 113 Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. MTUS page 113, Topical Analgesics states, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Cyclobenzaprine is a muscle relaxant and is not discussed under the MTUS Topical analgesics section which states on page 113, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." It appears the patient is just starting this medication as of 02/11/15. This report does not discuss this medication. In this case, this compounded topical contains Tramadol which is an opioid. For ongoing opioid usage the MTUS guidelines require documentation of the 4 As (Analgesia, ADL's, adverse side effects and aberrant behavior). The required documentation for opioid usage is not found in the records provided. Furthermore, Ketamine, Gabapentin and Cyclobenzaprine are not recommended for topical use per the MTUS guidelines cited above. Therefore, the current request IS NOT medically necessary.

Occupational therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, suffering, and the Restoration of Function chapter, page 114 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 02/11/15 report the patient presents with chronic left upper extremity pain with neuropathic features s/p cut to the left wrist. This report provides an impression of CRPS of the left upper extremity. The current request is for OCCUPATIONAL THERAPY X 12 SESSIONS. The RFA is not included; however, the 02/23/15 references an RFA dated 02/13/15. The patient is temporarily totally disabled as of 02/23/15. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The patient's history of physical therapy treatment is vague in the reports provided for review. There is no evidence that the patient is within a post-surgical treatment period. The requesting physician, Dr. F., states in the 09/10/14 report that authorization is being resubmitted for 12 sessions of PT. The 11/19/14 treatment plan

notes re-evaluation by PT with 12 sessions. On 01/12/15 additional PT is requested and on 02/23/15 it is noted the patient received 6 additional PT. No physical therapy treatment reports are included for review. In this case, it appears that the patient previously received an unknown number of physical therapy sessions over an unknown period and has now received 6 visits of the currently requested 12. The reports do not explain why additional therapy is needed and why fading of treatment and transition to a Home Exercise Program is not possible. There is no documentation of functional improvement received from prior PT. Furthermore, the currently requested 12 sessions exceed what is allowed by the MTUS guidelines even when not combined with the sessions from the prior course of therapy. The request IS NOT medically necessary.