

Case Number:	CM15-0048113		
Date Assigned:	03/20/2015	Date of Injury:	06/30/2003
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal 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:

The injured worker is a 63-year-old female, who sustained an industrial injury on June 30, 2003. The injured worker was diagnosed as having cervical post-laminectomy syndrome and chronic pain syndrome. Treatment to date has included medication and imaging. Currently, the injured worker reports neck pain with radiation of pain to the bilateral upper extremities. She reports that her pain is well-controlled on current medications and the Norco helps her function and perform volunteer activity. She reports increased weakness and tingling in the arms bilaterally related to cramping in her neck and reports that Baclofen helps at nighttime. On December 3, 2014, an orthopedic and spinal surgery provider who noted that her condition had remained unchanged and that she had satisfactory sensory and motor examinations evaluated the injured worker. Her reflexes are symmetrically depressed. The treatment plan included continuing with compounded cream that she has been using to help her decrease her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Diclofenac 3% Baclofen 2% Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3%, Pentoxifylline 3%, Ketamine 15% 120gm with 2 refills: 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 111-113. Ketamine Page 56.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines indicate that Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain. MTUS guidelines do not support the use of compounded topical products containing Baclofen. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for topical compound medication is not supported by MTUS guidelines. Therefore, the request for compound medication consisting of Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3%, Pentoxifylline 3%, Ketamine 15% is not medically necessary.