MAXIMUS Federal Services

Case Number:	CM15-0049846		
Date Assigned:	03/23/2015	Date of Injury:	07/15/2004
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 57-year-old female, who sustained an industrial injury on 7/15/04. The injured worker has complaints of neck pain and low back pain. The documentation noted that the injured worker was on gabapentin and it caused her to have a skin reaction and to itch and she feels she must be allergic to higher doses. It was discussed discontinuing this and putting her on lyrica instead but she had declined trying this medication. The diagnoses have included left C6 radiculopathy. The documentation noted that she had a Magnetic Resonance Imaging (MRI) of the lumbar spine and that her cervical surgery was on hold and as she has finished her course of chemotherapy for breast cancer. The requested treatment is for Bupivicaine 1%, ketamine 10%, dicolfenac 3%, DMSO, doxepin 3%, gabapentin 6%, orphenadrine 5%, penttoxifylline 2% cream 120gm for neuropathic pain, as the injured worker is intolerant to some of the oral neuropathic pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivicaine 1%, ketamine 10%, dicolfenac 3%, DMSO, doxepin 3%, gabapentin 6%, orphenadrine 5%, penttoxifylline 2% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 56.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Ketamine, Bupivicaine, Diclofenac, doxepin, and Gabapentinb. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Bupivicaine 1%, ketamine 10%, dicolfenac 3%, DMSO, doxepin 3%, gabapentin 6%, orphenadrine 5%, penttoxifylline 2% cream 120gm is not medically necessary.