

Case Number:	CM15-0058676		
Date Assigned:	04/03/2015	Date of Injury:	08/23/2006
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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 47 year old male, who sustained a work/ industrial injury on 8/23/06. He has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having post laminectomy syndrome, neck and thoracic spine disorders, sciatica, cervical and lumbar disc displacement. Treatments to date included medication, surgery (cervical fusion at C5-6 on 8/5/08), acupuncture, epidural steroid injections and home exercises. Magnetic Resonance Imaging (MRI) was performed on 2/11/08, 3/15/08, 10/4/10, and 11/2014. Electromyogram and/or nerve conduction velocity (EMG/NCV) was performed on 3/10/14. X-rays were performed on 1/14/10. Currently, the injured worker complains of ongoing neck and back pain. There was radiation to the bilateral upper extremities with numbness when lying down. The treating physician's report (PR-2) from 2/19/15 indicated the Magnetic Resonance Imaging (MRI) from 11/2014 indicated there was C3-4 disc herniation with flattening of the spinal cord centrally due to stenosis. Examination noted tenderness at trapezius (R>L), normal cervical range of motion and strength. The lumbar spine had normal range of motion and strength. There were abnormal biceps deep tendon reflexes graded ¾ on left and 2/4 on right. The PR-2 from 3/4/15 noted further surgery recommendation. Medication improved function. Treatment plan included Compound medication: (Ketamine 5%, Capsaicin 0.075%)

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Ketamine 5%, Capsaicin 0.075%, quantity 60, two bottles: Upheld

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

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. Capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Compound medication: Ketamine 5%, Capsaicin 0.075%, quantity 60, two bottles is not medically necessary.