

Case Number:	CM15-0059663		
Date Assigned:	04/06/2015	Date of Injury:	02/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on 02/04/2014. He has reported subsequent left foot pain and was diagnosed with sprain/strain of left foot and Charcot arthropathy of the left foot. Treatment to date has included oral pain medication and orthotic shoes. In a progress note dated 03/03/2015, the injured worker was noted to have continued gait abnormality due to deformity of the left foot. Objective findings were notable for edema and abnormality of the left foot. A request for authorization of Baclofen / Cyclobenzaprine / Flurbiprofen / Gabapentin / Ketamine cream was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%, and Ketamine 10% 300 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: 1 container of Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%, and Ketamine 10% 300 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical Ketamine is under study. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The MTUS does not support topical Baclofen, topical Cyclobenzaprine or other muscle relaxants, or topical Gabapentin. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This topical medication has multiple agents which are not supported by the MTUS. There is no evidence of intolerance to taking oral medications. There are no extenuating factors in the documentation submitted that would necessitate going against guideline recommendations. Therefore, the request for 1 container of Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%, Gabapentin 6%, and Ketamine 10% 300 grams is not medically necessary.