

Case Number:	CM15-0084256		
Date Assigned:	05/06/2015	Date of Injury:	07/25/2012
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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, Indiana, New York
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 65 year old female with an industrial injury dated 07/05/2012 resulting in a knee injury. Later she fell on June 8, 2013 (when her knee buckled) injuring her face. Her diagnosis was trigeminal neuralgia. Prior treatment included physical therapy and surgery for her knee and medications for her face. She presents on 04/16/2015 with complaints of facial pain and numbness. She complains of pain in left jaw. Physical exam revealed left eye closed at a different rate than right eye and opened differently. Treatment plan included pain cream and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% with 12 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel (Diclofenac gel) 1% gel with #12 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnosis is trigeminal neuralgia. Documentation from the April 16, 2015 progress note does not reflect subjective or objective symptoms or signs compatible with osteoarthritis of the joint that lends itself to topical treatment. Subjectively, the injured worker has jaw pain. Objectively, there is no extremity examination. There is no clinical indication or rationale for Voltaren gel 1% in the medical record documentation. Consequently, absent clinical documentation for the clinical indication and rationale for a topical analgesic indicated for relief of osteoarthritis pain in the absence of documentation of osteoarthritis pain, Voltaren gel (Diclofenac gel) 1% gel with #12 refills is not medically necessary.

Ketamine/Gabapentin/Clonidine/Lidocaine cream with twelve refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ketamine/gabapentin/clonidine/lidocaine cream with 12 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical gabapentin is not recommended. Ketamine is not recommended except the 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 of CRPS I and postherpetic and I neuralgia. In this case, In this case, the injured worker's working diagnosis is trigeminal neuralgia. Documentation from the April 16, 2015 progress note does not reflect subjective or objective symptoms or signs compatible with osteoarthritis of the joint that lends itself to topical treatment. Subjectively, the injured worker has jaw pain. Objectively, there is no extremity examination. There is no clinical indication or rationale for the compound topical analgesic. Additionally, there is no clinical indication for 12 refills. Topical lidocaine in non-lidoderm form is not recommended. Topical gabapentin is not recommended. Topical ketamine is not recommended. Any compounded

product that contains at least one drug (topical lidocaine, gabapentin and ketamine) that is not recommended is not recommended. Consequently, ketamine/gabapentin/clonidine/lidocaine is not recommended. Additionally, 12 refills would not allow for follow-up and objective functional improvement with ongoing use of a topical analgesic. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical ketamine/gabapentin/clonidine/lidocaine cream with 12 refills is not medically necessary.