MAXIMUS Federal Services

Case Number:	CM13-0042873		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2005
Decision Date:	06/16/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65-year-old who has reported neck and back pain after an injury on December 17, 2005. The diagnoses have included cervical disk degeneration, cervicalgia, and cervical spinal stenosis. Treatment has included Norco on a chronic basis, physical therapy, and injections. On August 21, 2013 the injured worker has ongoing pain, is taking Norco, Ambien, and Ativan; and weaning of Norco is planned. On October 2, 2013, the injured worker is stated as having neck and back pain. Current medications include Norco. The topical agent is stated to be for "pain relief". The authorization request for the topical cream in question states that the topical agent is "to try to wean oral narcotics". The checkbox prescribing form used for this cream lists this formulation for "Peripheral Neuropathies". On October 18, 2013 Utilization Review non-certified a prescription for topical Ketamine, Bupivacaine, Doxepin, Gabapentin, Nifedipine, and Topiramate. The decision was supported by a citation from the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND MEDICATION (KETAMINE 10% BUPIVACAINE 1% DOXEPIN 3% GABAPENTIN *% NIFEDIPINE 2% TOPIRAMATE 1%) TO WEAN OFF THE ORAL NARCOTICS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The treating physician has stated that this topical agent is for pain relief, peripheral neuropathy, and for weaning from opioids. The use of this agent for weaning of opioids is not mentioned in the Chronic Pain Medical Treatment Guidelines section regarding weaning or in any other evidence-based guideline for opioid weaning. The treating physician has provided no evidence that this injured worker has a specific peripheral neuropathy, or reasons why this topical agent is indicated to treat such a neuropathy. Assuming any indication for any of the ingredients in this topical agent, according to the Chronic Pain Medical Treatment Guidelines, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only topical anesthetic recommended in the Chronic Pain Medical Treatment Guidelines, and the only FDA-approved topical anesthetic for chronic pain, is Lidoderm. Topical Bupivacaine has no indication for chronic pain in general, and is one of the topical anesthetics the FDA warns against using in topical compound creams. Topical Ketamine may have some utility in treatment of neuropathic pain (neuropathic pain is not present in this case per the available reports), per limited studies, and only "in refractory cases in which all primary and secondary treatment has been exhausted". This injured worker has not failed all other relevant treatment. According to the Chronic Pain Medical Treatment Guidelines citation, there is no good evidence in support of topical gabapentin this agent is not recommended. The Chronic Pain Medical Treatment Guidelines recommends against the use of "other anti-epilepsy drugs", of which Topiramate is one. The other ingredients are not addressed in the MTUS but there are ample reasons for lack of medical necessity regardless. The topical agents prescribed are not medically necessary based on the Chronic Pain Medical Treatment Guidelines, lack of medical evidence, FDA directives, and inappropriate prescribing. The request for compound medication (Ketamine 10% Bupivacaine 1% Doxepin 3% Gabapentin *% Nifedipine 2% Topiramate 1%) to wean off the oral narcotics is not medically necessary or appropriate.