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| Case Number: | CM14-0133594 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 02/27/2012 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 2/27/12 date of injury. At the time (7/31/14) of the request for authorization for Gabapentin 600 mg #60 and Ketamine 5% Cream 60 grams 2 containers (retrospective), there is documentation of subjective (chronic neck and right shoulder pain) and objective (decreased right shoulder range of motion, weakness of 4/5 with abduction of the right shoulder) findings, current diagnoses (brachial plexus lesions), and treatment to date (medication including Gabapentin for at least 4 months). Regarding Gabapentin 600mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial plexus lesions. In addition, there is documentation of neuropathic pain and treatment with Gabapentin for at least 4 months. However, given documentation of treatment with Gabapentin for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600mg #60 is not medically necessary.

Ketamine 5% Cream 60 grams 2 containers (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Topical Analgesics Page(s): 105; 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of Ketamine 5% Cream 60 grams 2 containers (retrospective). However, the requested Ketamine 5% Cream 60 grams 2 containers (retrospective) contains at least one drug (Ketamine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ketamine 5% Cream 60 grams 2 containers (retrospective) is not medically necessary.