

Case Number:	CM14-0142043		
Date Assigned:	09/10/2014	Date of Injury:	02/25/2010
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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 Tennessee. 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 56-year-old female with a 2/25/10 date of injury. She was seen on 8/20/14 stating the pain in her left elbow had not decreased and her sleep was affected. Exam findings revealed some stiffness and pain of the left elbow with regards to range of motion, as well as tenderness to palpation over the left elbow. Her diagnosis is left ulnar nerve neuritis. Treatment to date: medications, left ulnar decompression on 7/16/13 with post op physical therapy x10, Kenalog injection to the left elbow 5/20/13. An adverse determination was made on 8/26/14. No rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication, Ketamine 10%, Diclofenac 10 %, Baclofen 2%, Ibuprofen 1%, Gabapentin 6%, Pentoxifylline 3%, Ibuprofen 3%, 120 grams with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025%

formulation, Baclofen, other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS states that topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. This topical medication contains compounds that are not supported per MTUS guidelines. With regard to Pentoxifylline, MTUS and ODG do not address this issue, but per the FDA this medication is typically used in patients with end stage liver failure. There is no indication for its use as a topical pain agent. In addition, the rationale for 4 refills of this topical agent is unclear. Therefore, the request for compound topical medication Ketamine 10%, Diclofenac 10 %, Baclofen 2%, Ibuprofen 1%, Gabapentin 6%, Pentoxifylline 3%, Ibuprofen 3%, 120 grams with 4 refills was not medically necessary.