

Case Number:	CM14-0148238		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2009
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 55-year-old female with a date of injury of 04/23/2009. According to a progress report 08/05/2014, the patient continues to have left ankle pain. She states that her complex regional pain syndrome (CRPS) has spread to her right lower extremity, hips, and upper extremity. Patient reports that medications are "somewhat helpful and she is tolerating them fairly well." Her current medication regimen includes Nucynta ER 100 mg and 50 mg, lidocaine patch, Zofran, Voltaren gel. Examination of the lower extremities revealed multi-coloration of the lower legs and ankles. There was hypersensitivity to touch of the ankles, bilateral lower extremities, and right knee. The physician is requesting a refill of a topical compound cream. Utilization review denied the request on 08/19/2014. Treatment reports from 03/19/2014 through 08/05/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name, compounded cream (ketamine, baclofen, gabapentin, amitriptyline, nifedipine and tetracycline) for the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Ongoing Manage. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain, Ondansetron (Zofran)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with left ankle pain. The physician is requesting compound topical cream that includes ketamine, baclofen, gabapentin, and amitriptyline for the left lower extremity. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation. Therefore, the request for prescription drug, brand name, compounded cream (ketamine, baclofen, gabapentin, amitriptyline, nifedipine and tetracycline) for the left lower extremity is not medically necessary and appropriate.