

Case Number:	CM14-0160757		
Date Assigned:	10/06/2014	Date of Injury:	11/05/2012
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 Pain 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:

The injured worker is a 50-year-old female who reported a work related injury on 11/05/2012 due to customary work duties. The injured worker's diagnoses consist of complex regional pain syndrome in the right hand/wrist, right carpal tunnel syndrome, left carpal tunnel syndrome, and right and left basilar joint arthritis. The injured worker's past treatment has consisted of a splint, physical therapy, acupuncture, a cast, and injections. Diagnostic studies are not available. Surgical history consist of a right carpal tunnel release on 04/01/2013. Upon examination on 07/24/2014, the injured worker presented with multiple issues. It was noted that the injured worker's last and third right T2 and T3 sympathetic ganglion blocks by posterior approach again was greatly helpful with pain in the right neck and upper back, as well as the shoulder area. The injured worker stated the burning pain in those areas as calmed down significantly by more than 50% to 60%, or better. It was noted that the long term burning, searing, stabbing, and shooting pain starting in the right wrist to all of the fingers has not greatly improved. The sympathetic ganglion block was noted to help only short term. The injured worker stated she had increased stiffness in the right hand with subjective report of contractures involving her index and 5th digit. She was noted to not be able to make a full fist or open her hand fully. She also reported sweatiness and clamminess in the right hand. Upon physical examination, it was noted that the right was clammy to touch. It was also noted that she could not make a full fist, nor could she open her hand completely. There was cracking noted and stiffness involving the 2nd and 5th digit. Grip strength was decreased and Tinel's sign was positive over the right inner elbow/cubital tunnel. The injured worker's prescribed medications were noted to include ketamine ointment and a high dose of vitamin C. The treatment plan consisted of an ointment and therapy, and an additional sympathetic ganglion block directed to the right T2 and T3 levels.

The rationale for the request was not submitted for review. A Request for Authorization form was submitted for review on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound ointment Ketamine 6%, Ketoprofen 10%, Neurontin 6%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: A request for compound ointment Ketamine 6%, Ketoprofen 10%, Neurontin 6% is not medically necessary. California MTUS Guidelines state topical analgesics are recommended as an option for neuropathic when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. It is also noted within the guidelines that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Within the guidelines, it is noted that Ketoprofen is not currently FDA approved for topical application. As such, the entire requested compound is not medically necessary.