

Case Number:	CM14-0161442		
Date Assigned:	10/07/2014	Date of Injury:	08/15/2011
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35-year-old male who reported injury on 08/15/2011. The mechanism of injury was not included. The diagnoses included back pain, lumbar radiculopathy, lumbosacral spondylosis without myelopathy, post laminectomy syndrome, spinal stenosis with neurogenic claudication, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. The past treatments included an epidural steroid injection at L5-S1. The surgical history included a lumbar spine surgery in 10/2011, and a posterior spinal fusion and laminectomy at L4-S1 on 11/19/2013. A lumbar MRI, dated 07/29/2014, revealed no recurrent or residual disc bulges or protrusions. The progress note, dated 09/17/2014, noted the injured worker complained of pain across the lumbar spine, with numbness and tingling, rated 5/10. The injured worker denied other limb or joint pain. The physical exam revealed tenderness to palpation of the bilateral lumbar paraspinal muscles, slightly decreased lumbar range of motion, and a positive straight leg raise test to the left side. The motor strength was documented as 5/5 to the bilateral lower extremities, and sensation was noted to be decreased on the left L5 dermatome. The medications included Ultram 50 mg 1 tablet to 2 tablets every 8 hours as needed for pain. The treatment plan recommended NSAIDs and a home exercise program, and discussed treatment options including waiting until 12 months postop prior to considering a revision surgery for his left lower extremity symptoms. The Request for Authorization form was submitted for review on 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound creams (Ketamine 10% Bupivacaine 1%, Pentoxifylline 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5% & Magnesium 10%) 120g:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Essential Medicines and Health Products Information Portal, A World Health Organization resource (2014). Bupivacaine. Local Anesthetics. Retrieved from <http://apps.who.int/medicinedocs/en/d/Jh2929e/5.html> Wolters Kluwer Health, Inc. (09/03/2014). Pentoxifylline. Retrieved from <http://www.drugs.com/cdi/pentoxifylline.html>

Decision rationale: The request for Compound creams (Ketamine 10% Bupivacaine 1%, Pentoxifylline 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5% & Magnesium 10%) 120g is not medically necessary. The injured worker had back pain, rated 5/10, radiating down his left leg. The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of topical ketamine is under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Baclofen is not recommended, and there is no evidence for use of any other muscle relaxants, such as Cyclobenzaprine or Orphenadrine, as topical medications. Topical Gabapentin is not recommended for use, as there is no peer reviewed literature to support its use. The Essential Medicines and Health Products Information Portal indicate bupivacaine is not suitable for topical application. Wolters Kluwer Health, Inc reports topical Pentoxifylline is indicated to increase circulation in the treatment of ulcerations, psoriasis, and other dermatological conditions. The guidelines further state, any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended for use. There is a lack of evidence of the exhaustion of all primary or secondary treatments to indicate the use of topical Ketamine. The medications included in the compound cream are not recommended for the transdermal treatment of neuropathic pain. Given the above, the use of this compound cream is not supported at this time. Therefore, the request is not medically necessary.