

Case Number:	CM14-0166763		
Date Assigned:	10/14/2014	Date of Injury:	09/17/2004
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 38 year old female with complaints of neck pain and headache pain. The date of injury is 9/17/04 and the mechanism of injury is high force impact injury as she was forced down to the floor mat in a defense class demonstration injuring her neck and leading to her current symptoms. At the time of request for KGCL compound medication, there is subjective (neck pain, headache pain) and objective (trigger points levator scapulae, rhomboid, trapezius, and suboccipital groups) findings, imaging findings (no reports included), diagnoses (cervicogenic headaches, cervical myofascial pain syndrome, rule out cervical disc injury), and treatment to date (rest, acupuncture, medications, ice, stretching). KGCL ointment/cream is a compounded topical analgesic. The compounded formulation is comprised of Ketamine, Gabapentin, Clonidine, and Lidocaine. Per MTUS-Chronic Pain Medical Treatment guidelines and ODG treatment decisions, any compounded drug that contains at least one drug (or drug class) that is not recommended, the compounded drug cannot be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

KGCL compound medication: 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), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Topical Analgesics

Decision rationale: KGCL ointment/cream is a compounded topical analgesic. The compounded formulation is comprised of Ketamine, Gabapentin, Clonidine, and Lidocaine. Per MTUS-Chronic Pain Medical Treatment guidelines and ODG treatment decisions, any compounded drug that contains at least one drug (or drug class) that is not recommended, the compounded drug cannot be recommended. The only drug of this mixture that is FDA approved for topical use is lidocaine which is indicated for neuropathic pain and post herpetic neuralgia. The other medications are not currently approved topical analgesic agents. Therefore, this compounded topical analgesic is not medically necessary.