

Case Number:	CM14-0215376		
Date Assigned:	01/02/2015	Date of Injury:	08/15/2008
Decision Date:	02/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of cervical radiculopathy, dysthymic disorder, neuralgia, chronic pain syndrome, pain in shoulder joint, pain in forearm and pain in hand. Date of injury was August 15, 2008. Mechanism of injury was motor vehicle accident. The patient was hit by a car twice on the right side affecting the right shoulder, right wrist, right thumb, and cervical spine. Diagnoses were cervical radiculopathy, dysthymic disorder, neuralgia, chronic pain syndrome, pain in shoulder joint, pain in forearm and pain in hand. The progress report dated 12/11/14 documented that the patient had right shoulder pain described as constant stabbing, burning, throbbing, cramping, tingling and shooting. Pain was worse with movement and was better with medication, rest, ice and heat. There was associated numbness in the third, fourth and fifth digits on the right and weakness with grip. Increased spontaneous electrical pain in the right elbow was noted. The right hand was weak and swollen. The right thenar area was tender. She had difficulties in the morning with movement. She also continued to have right thumb twitching and she was dropping things. Tizanidine was working to relieve spasm in the neck and arm. She had not noticed any improvement in sleep but did have less spasm overall. Oxycodone was not working as well but made her pain tolerable. She reported that Cymbalta 30 mg was helping to decrease shooting pain. She also continued to use Omeprazole to decrease dyspepsia associated with her opiates. Without it, she had upset stomach and heartburn that were intolerable. She reported continued significant feelings of sadness related to her current condition, recent surgery and functional limitations. She continued physical therapy but did not notice any change in pain. Analgesia with Oxycodone 30 mg provided reduction in pain for four

hours duration. She was able to do activities of daily living driving to appointments and most home chores. There were no adverse effects and no aberrant behavior. She has a history of breast reconstruction. The treatment plan included refill of medications. Medications refilled were Oxycodone for acute postoperative and chronic pain, Tizanidine spasms and sleep, Amitiza, Omeprazole opiate-induced dyspepsia, and Cymbalta 30 mg for pain, depression, and anxiety. Triazolam was decreased for a trial wean per last peer to peer. She was to continue with rehabilitation. Compounded topical medication containing Ketamine, Gabapentin, Baclofen, Cyclobenzaprine, and Bupivacaine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Pages 111-113, Ketamine Page 56..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS Chronic Pain Medical Treatment Guidelines (Page 56) state that Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain. Ketamine was associated with frequent side effects. MTUS guidelines do not support the use of Ketamine. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS Chronic Pain Medical Treatment Guidelines (Page 56) indicates that Ketamine is not recommended. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical medication containing Ketamine, Gabapentin, Baclofen, Cyclobenzaprine, and Bupivacaine is not supported by MTUS guidelines.