MAXIMUS Federal Services

Case Number:	CM15-0129111		
Date Assigned:	07/15/2015	Date of Injury:	05/31/2011
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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: Family Practice

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 injured worker is a 53 year old female who sustained an industrial injury on 05/31/2011. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having bilateral shoulder impingement; rotator cuff tendinitis; partial rotator cuff tear; chronic regional pain syndrome following left carpal tunnel release, right index tumor excision, situation post right hand surgery; right elbow epicondylitis, cervical degenerative joint disease, and cervical degenerative disc disease. Treatment to date has included oral and topical medications, MRI, and Electromyogram (EMG). Currently, the injured worker complains of muscle spasms in the hands. The spasms are not new to the worker, but currently are more intense and severe over the past 4 months. The pain is rated as an 8 on a scale of 1-10, and the pain and spasm occur without warning, causing her to drop items. This interferes with activities of daily living. On assessment, the pain is noted to be constant and stable. Her muscle spasms are most notable in the hands. She has bilateral C6 radiculopathy per her electromyogram study. The injured worker has 14 active medications including Nucynta, Lidoderm, Lyrica, Pepcid, and Ibuprofen. Treatment plans include topical compounded medications. Lidocaine 5%/ Ketamine 10%/ Ketoprofen 10% 60gm #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Lidocaine 5%/ Ketamine 10%/ Ketoprofen 10% 60gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. In addition, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin is not supported in a topical formulation. The request for Gabapentin 10%/ Lidocaine 5%/ Ketamine 10%/ Ketoprofen 10% 60gm #2 is not medically necessary and appropriate.