

Case Number:	CM15-0178613		
Date Assigned:	09/18/2015	Date of Injury:	06/02/2005
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, 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:

This is a 51-year-old male patient who sustained an industrial injury on 6-2-05. The diagnoses include C5 quadriplegia and left tibial plateau fracture. Per the letter dated 8-11-15 patient has bilateral above knee amputation and C5 quadriplegia. He has phantom pain from his amputations and having difficulty tolerating with narcotics. Per the note dated 8-27-15 patient stopped his all medications and he had pain at 10/10 as combination of neuropathic pain, phantom pain and mechanical aspect of his pain in his right shoulder. The physical examination revealed lying on gurney and bilateral above knee amputation. The medications list includes Baclofen since at least December of 2012, Neurontin since at least December of 2012, Naproxen since at least December of 2012, Oxycodone controlled release since at least December of 2012, Hydrocodone - Acetaminophen since at least December of 2012, Zofran since at least December of 2012, Valium since at least December of 2012, Lidoderm Patches since at least December of 2012. He is status post bilateral above knee amputations and status post open reduction and internal fixation for left femur fracture with revision. The original utilization review (8-13-15) denied a request for an unknown compound cream - Ketamine, Bupivacaine, Clonidine, Doxefin, Gabapentin and Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown compound cream- Ketamine, Bupivacaine, Clonidine, Doxefin, Gabapentin and Pentoxifylline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Unknown compound cream - Ketamine, Bupivacaine, Clonidine, Doxefin, Gabapentin and Pentoxifylline. This is a request for topical compound medication. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" "Topical NSAIDs - There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended". "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. Failure of anti-depressants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and ketamine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Unknown compound cream - Ketamine, Bupivacaine, Clonidine, Doxefin, Gabapentin and Pentoxifylline is not fully established for this patient. Therefore, the request is not medically necessary.