

<b>Case Number:</b>	CM15-0179330		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/01/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 is a 53 year old male who sustained an industrial injury on 11-1-14. The injured worker reported back pain and right lower extremity pain. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain, degenerative lumbar disc, lumbar facet joint syndrome, bulging disc, sciatica and spinal stenosis. Medical records dated 7-13-15 indicate pain rated at 1 out of 10. Records indicate improving of the injured workers activities of daily living. Provider documentation dated 9-11-15 noted the work status as "patient will return back to work full time with no restrictions, effective immediately." Treatment has included acupuncture treatment, Gabapentin since at least February of 2015, Norco since at least February of 2015, at least 18 physical therapy visits, home exercise program, injection therapy, lumbar spine magnetic resonance imaging (12-17-14) and Lumbar-Sacral Orthosis. Objective findings dated 8-17-15 were notable for a "slight antalgic gait" and "Slightly tender over the PSM from L3-4 to L5-S1 on the right." The original utilization review (8-27-15) denied a request for Kokua Neuropathic Topical Cream: Compound - Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 5%, Lidocaine 5% and Teeter Hang up Inversion Table Model EP 970.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kokua Neuropathic Topical Cream: Cmpd - Ketamine 10%/ Baclofen 2%/ Cyclobenzaprine 2%/ Gabapentin 5%/ Lidocaine 5%:** 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:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics, including the components requested in this case. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Regarding the component cyclobenzaprine, a muscle relaxant, these MTUS guidelines state the following: There is no evidence for use of any other muscle relaxant as a topical product. Regarding the component gabapentin, these MTUS guidelines state the following: Not recommended. There is no peer-reviewed literature to support use. Other antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. Regarding the component ketamine, these MTUS guidelines state the following: Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Given that cyclobenzaprine and gabapentin are not recommended and there is no evidence in the records to support the use of ketamine, a refractory case in which all primary and secondary treatment has been exhausted, the entire compounded cream is not medically necessary. In summary, the Kokua Neuropathic Topical Cream is not medically necessary.

**Teeter Hang Up Inversion Table Model EP 970:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Pain Section: Traction.

**Decision rationale:** The MTUS/ACOEM Guidelines and the Official Disability Guidelines comment on the use of traction devices, such as the Teeter Hang Up Inversion Table, as a treatment modality. These guidelines state that traction has not been proved effective for lasting relief in the treatment of low back pain. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. Given the lack of demonstration of efficacy of traction devices in the MTUS/ACOEM and the Official Disability Guidelines, the use of a Teeter Hang Up Inversion Table is not medically necessary.

