

Case Number:	CM15-0024491		
Date Assigned:	02/17/2015	Date of Injury:	10/29/1995
Decision Date:	07/24/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is female with age not documented in the medical records provided, who sustained an industrial injury on 10/29/1995. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervicogenic headaches, total body pain, rule out myofascial pain syndrome, severe emotional factors, and severe social stressors. Treatment and diagnostic studies to date has included medication regimen, trigger point injections, and Toradol injection. In a progress note dated 01/12/2015 the treating physician reports symptoms of chronic pain syndrome and secondary myofascial syndrome that is noted to be flared. Examination reveals cervical trigger points to the bilateral levator and rhomboid muscle groups. The injured worker's current medication regimen included Ultram ER, Gabapentin, Zanaflex, Topamax, and Abilify. The injured worker's pain level was rated a 9 to the neck and a 10 to the leg. The treating physician noted the injured worker to have a 50% pain reduction with use of the topical medications of Flexeril and Gabapentin causing a reduction in use of Ultram and improving her function at 20 to 25% with house hold activities. The treating physician requested a pharmacy purchase of KGCL (Ketamine, Gabapentin, Clonidine, and Lidocaine) topical cream with a quantity of 120 with 3 refills noting prior use of Flexeril and Gabapentin topical cream but the documentation provided did not indicate the specific reason for the requested compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of KGCL (Ketamine, Gabapentin, Clondine, and Lidocaine) topical cream #120 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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." MTUS states that topical Gabapentin is not recommended. And further clarifies, anti-epilepsy drugs: "There is no evidence for use of any other anti-epilepsy drug as a topical product." MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records do not indicate that all primary and secondary treatment options have been exhausted. As such, the request for Pharmacy purchase of KGCL (Ketamine, Gabapentin, Clondine, and Lidocaine) topical cream #120 x 3 refills is not medically necessary.