

Case Number:	CM15-0035637		
Date Assigned:	03/04/2015	Date of Injury:	01/27/2013
Decision Date:	06/04/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 46-year-old male, who sustained an industrial injury on 1/27/2013. The mechanism of injury was not provided. Diagnoses include right lateral femoral cutaneous neuropathy (meralgia) and right meralgia parasthetica. Treatment to date has included diagnostics, medications and surgical intervention (9/23/2014). Per the Neurosurgery Progress Report dated 11/24/2014, the injured worker reported mild improvement in his symptoms status post a right lateral femoral cutaneous neurectomy. He continues to have pain although dominantly in the anterior thigh, not in the lateral femoral distribution. He still has residual pain that is disabling. Physical examination revealed positive Tinel's at the superior lateral margin of the neurectomy incision. There was decreased sensation to LT and PP in a well-defined distribution immediately distal to the neurectomy incision. The plan of care included a spinal cord stimulator trial and authorization was requested for physical therapy for the lumbar and lower extremity, Tramadol 50mg, Neurontin 300mg, a spinal cord stimulator trial and implant and compound medication Ketamine/Cyclobenzaprine/Gabapentin /Tramadol/Amitriptyline/ Clonidine 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine/Cyclobenzaprine/Gabapentin/Tramadol/Amitriptyline/Clonidine 240grams #1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Ketamine, Cyclobenzaprine, Gabapentin, Tramadol, do not address topical antidepressants, Clonidine Page(s): 111,113, 41, 82, 34. Decision based on Non-MTUS Citation FDA.gov Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31:40.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine, which is under study and is only recommended in treatment of neuropathic pain, which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. The guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. As Tramadol is a form of an opiate, the California Medical Treatment Utilization Schedule chronic pain guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Clonidine is for intrathecal use and is recommended only after a short-term trial indicates pain relief in patients that are refractory to opioid monotherapy or opioids with local anesthetic. The clinical documentation submitted for review indicated the injured worker was utilizing the medication tramadol orally. There was a lack of documentation indicating a necessity for both a topical and oral form of the medication. Additionally, there was a lack of documentation indicating a necessity for both gabapentin and cyclobenzaprine in the compound. The request as submitted failed to indicate the frequency and body part to be treated. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Given the above, the request for ketamine/cyclobenzaprine/gabapentin/ tramadol/amitriptyline/clonidine 240grams #1 is not medically necessary.

Physical therapy for lumbar and lower extremity #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the prior treatments with physical therapy as the injured worker underwent surgical intervention, physical therapy would have been appropriate postoperatively. There was a lack of documentation of remaining objective functional deficits to support the necessity for physical therapy. The request as submitted indicated the request included "lower extremity therapy". There was a lack of documentation clarifying what lower extremity was to be treated. The request for 18 sessions would be excessive. Given the above, the request for physical therapy for lumbar and lower extremity #18 is not medically necessary.

Spinal cord stimulator trial #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 105,101.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for injured workers who have documentation of a failed back surgery syndrome or complex regional pain syndrome. Injured workers should have a psychological evaluation prior to spinal cord stimulator trial. The documentation indicated the injured worker had a femoral cutaneous neurectomy. However, there was a lack of documentation indicating the injured worker had failed back surgery syndrome or CRPS. This request would not be supported. Additionally, as there was a lack of documentation of a psychological evaluation. Given the above, the request for spinal cord stimulator trial #1 is not medically necessary.

Spinal cord stimulator implant #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 105,101.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for injured workers who have documentation of a failed back surgery syndrome or complex regional pain syndrome. Injured workers should have a psychological evaluation prior to spinal cord stimulator trial. The documentation indicated the injured worker had a femoral cutaneous neurectomy. However, there was a lack of documentation indicating the injured worker had failed back surgery syndrome or CRPS. This request would not be supported. Additionally, as there was a lack of documentation of a psychological evaluation. Given the above, the request for spinal cord stimulator implant #1 is not medically necessary.