

Case Number:	CM15-0041109		
Date Assigned:	04/15/2015	Date of Injury:	06/24/1999
Decision Date:	05/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 06/24/97. Initial complaints and diagnoses are not available. Diagnostic studies include MRI and x-rays of the cervical spine. Treatments to date include a cervical fusion and medications. Current complaints include chronic neck and shoulder pain. Current diagnoses include chronic neck pain and peripheral neuropathy. In a progress note dated 10/16/14, the treating provider reports the plan of care as continued ibuprofen, Tylenol, and adds Dermatran. The requested treatments are Bupivacaine HCL powder, diclofenac sodium, Doxepin HCL powder, gabapentin, orphenadrine citrate powder, pentoxifylline powder, versatile cream base, dimethyl sulfoxide solution, propylene Glycol, Carbitol liquid, Alcohol USP, Isopropyl myristate bulk solution, and Ketamine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine HCL powder, Diclofenac sodium, Doxepin HCL powder, Gabapentin, Orphenadrine citrate powder, Pentoxifylline powder, Versatile cream base, Dimethyl sulfoxide solution, Propylene glycol, Carbitol liquid, Alcohol USP, Isopropyl myristate bulk solution, Ketamine HCL: 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 Topical analgesic Page(s): 111-113.

Decision rationale: Based on the 10/16/14 progress report provided by treating physician, the patient presents with chronic neck and shoulder pain rated 5-7/10. The request is for BUPIVACAINE HCL POWDER, DICLOFENAC SODIUM, DOXEPIN HCL POWDER, GABAPENTIN, ORPHENADRINE CITRATE POWDER, PENTOSIFYLLINE POWDER, VERSATILE CREAM BASE, DIMETHYL SULFOXIDE SOLUTION, PROPYLENE GLYCOL, CARBITOL LIQUID, ALCOHOL USP, ISOPROPYL MYRISTATE BULK SOLUTION, AND KETAMINE HCL. No RFA provided. Current diagnoses include chronic neck pain and peripheral neuropathy. Treatments to date included a cervical fusion, date unspecified, imaging studies and medications. Patient's work status not available. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Bupivacaine, Gabapentin and Orphenadrine citrate, which are not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.