MAXIMUS Federal Services

Case Number:	CM15-0064114		
Date Assigned:	04/10/2015	Date of Injury:	12/05/2006
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/03/2015

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: Arizona, 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 46-year-old male, who sustained an industrial injury on 12/5/2006. He reported injury from stepping into a pothole. The injured worker was diagnosed as having complex migraine/cerebrovascular accident, lumbosacral disc degeneration; left leg osteoarthritis, reflex sympathetic dystrophy of the lower limb, lumbar facet spondylosis without myelopathy, sleep apnea, status post laminectomy and left knee arthroscopy with meniscectomy. There is no record of a recent diagnostic study. Treatment to date has included lumbar sympathetic blocks, epidural steroid injection, steroid injections and nerve blocks, physical therapy, spinal cord stimulator and medication management. In a progress note dated 3/17/2015, the injured worker complains of low back pain and pain in the left leg. The treating physician is requesting ketamine/Diclofenac/Gabapentin/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Ketamine 10% Diclofenac 10% Gabapentin 10% lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketamine; Lidocaine Indication; Gabapentin Page(s): 111-113; 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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 anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine or the use of topical Ketamine are not recommended due to lack of evidence. In this case, the claimant was also on multiple oral analgesics. Since the compound above contains these topical medications without substantial evidence for their use, the Ketamine 10% Diclofenac 10% Gabapentin 10% lidocaine 5% is not medically necessary.