

Case Number:	CM15-0072102		
Date Assigned:	04/22/2015	Date of Injury:	10/17/2006
Decision Date:	06/11/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, 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 49-year-old female who sustained an industrial injury on 10/17/2006. Diagnoses include lumbago, sciatica and depression. Treatment to date has included diagnostic studies, medications, epidural steroid injections, and physical therapy. A physician progress note dated 03/04/2015 documents the injured worker complains of back and sciatica pain. On examination of the lumbar spine, there is paraspinal spasm, trigger points at L5, sciatic, and iliac crest. Range of motion is reduced by 25%. Treatment requested is for Ketamine 10 Percent, Bupivacaine 1 Percent, Diclofenac 3 Percent, Doxepin 3 Percent, Gabapentin 6 Percent, Orphenadrine 6 Percent, Pentoxifylline 3 Percent TID 120 Grams. The medication list includes Cymbalta, Norco, Ibuprofen, Vicodin and Soma. The patient has had MRI of the low back that degenerative changes and EMG study that revealed L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10 Percent, Bupivacaine 1 Percent, Diclofenac 3 Percent, Doxepin 3 Percent, Gabapentin 6 Percent, Orphenadrine 6 Percent, Pentoxifylline 3 Percent TID 120 Grams:
Upheld

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

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

Decision rationale: Request: Ketamine 10 Percent, Bupivacaine 1 Percent, Diclofenac 3 Percent, Doxepin 3 Percent, Gabapentin 6 Percent, Orphenadrine 6 Percent, Pentoxifylline 3 Percent TID 120 Grams. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "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- Gabapentin: Not recommended. There is no peer-reviewed literature to support use- Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Diclofenac is NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Diclofenac, Gabapentin are not recommended in this patient for this diagnosis as cited the medical necessity of the request for Ketamine 10 Percent, Bupivacaine 1 Percent, Diclofenac 3 Percent, Doxepin 3 Percent, Gabapentin 6 Percent, Orphenadrine 6 Percent, Pentoxifylline 3 Percent TID 120 Grams is not medically necessary.