MAXIMUS Federal Services

Case Number:	CM15-0075076		
Date Assigned:	04/24/2015	Date of Injury:	02/26/1999
Decision Date:	05/27/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This is a 65-year-old female patient who sustained an industrial injury on 2/26/99. The diagnoses include pain in joint lower leg bilateral. She sustained the injury due to fall. Per the note dated 3/25/2015, she had discomfort in the left hip and left knee. She had symptoms in the left hip and left lower extremity. The physical examination revealed antalgic gait, bilateral knee tenderness and pain with range of motion, heme staining in bilateral lower extremities; bilateral lower extremities pitting and left hip tenderness. The medications list includes omeprazole, multivitamins, pamelor, calcium citrate, zofran, ambien, buprenorphine, lasix, symbicort, dilantin, atorvastatin and topical creams. Her surgical history includes gastric bypass and knee replacement. Treatments to date have included topical creams and the use of a walker. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Containers of Ketamine 5% cream 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: 2 Containers of Ketamine 5% cream 60 grams.The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. 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. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. Evidence of failure of all primary and secondary treatment is not specified in the records provided. The medical necessity of 2 Containers of Ketamine 5% cream 60 grams is not established for this patient.

4 Containers of Doxepin 3.3% cream 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Request: 4 Containers of Doxepin 3.3% cream 60 grams. Doxepin is an antidepressant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of 4 Containers of Doxepin 3.3% cream 60 grams is not established for this patient.

60 Tubes of 0.05% Temovate cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex, FDA labeled indications of topical clobetasol.

Decision rationale: Request: 60 Tubes of 0.05% Temovate cream. Temovate contains clobetasol. Per the Thompson Micromedex, FDA labeled indications for topical clobetasol includes "Disorder of skin, Corticosteroid responsive, Plaque psoriasis (Mild to Moderate) Plaque psoriasis (Moderate to Severe) and Scalp psoriasis (Moderate to Severe)." A detailed examination and history of the skin lesions is not specified in the records provided. Response to this topical cream is not specified in the records provided. Evidence of psoriasis is also not specified in the records provided. Medical rationale for prescribing temovate cream is not specified in the records provided. The medical necessity of 60 Tubes of 0.05% Temovate cream is not fully established for this patient at that time.