

Case Number:	CM15-0078916		
Date Assigned:	04/30/2015	Date of Injury:	01/20/1998
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54 year old female, who sustained an industrial injury on 1/20/1998. She reported a left neck and shoulder injury from repetitive motion and a separate injury from a fall with injury to coccyx with intermittent sciatica pain. She is status post left shoulder surgery, cervical fusion, and three surgeries to the right knee. Diagnoses include chronic cervical and left shoulder pain status post failed cervical spine syndrome and shoulder surgery. Treatments to date include medication therapy. Currently, she complained of left neck pain with left shoulder and upper extremity pain. On 3/5/15, the physical examination documented no new acute clinical findings. The plan of care included continuation of medication therapy including a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of compounded Ketamine - Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%, Ibuprofen 3% 120g with 1 refill:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: 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. Ketamine (Last Resort Topical) MTUS states regarding topical Ketamine, Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Medical records do not indicate that all primary and secondary treatment options have been exhausted. Voltaren (Diclofenac) (Recommended For OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for Gabapentin/Pregabalin (Not Recommended) MTUS states that topical Gabapentin is Not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. This compound contains multiple not recommended substances. As such, the request for 1 Prescription of compounded Ketamine-Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Gabapentin 6% is not medically necessary.