

Case Number:	CM15-0094529		
Date Assigned:	05/21/2015	Date of Injury:	01/10/2014
Decision Date:	06/22/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained an industrial injury on 01/10/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, acupuncture, medications, and a lumbar epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine on 01/20/15 which showed multiple bulging discs. Current complaints include low back and buttock pain. Current diagnoses include low back pain, sciatica, disc bulge, degenerative disc disease, and spinal stenosis. In a progress note dated 04/15/15 the treating provider reports the plan of care as continued medications including ibuprofen, Neurontin, and Kokua cream (ketamine/baclofen/cyclobenzaprine/gabapentin/lidocaine). The requested treatment includes Kokua cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kokua Neuropathic Cream (10% Ketamine, 2% Cyclobenzaprine, 6% Gabapentin, 5% Lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back and intermittent leg pain. When seen, he had improved after an injection. Pain was rated at 4-7/10. Physical examination findings included decreased lumbar spine range of motion and a forward head posture. There was bilateral lumbar paraspinal muscle tenderness. Straight leg raising was positive bilaterally. Medications were prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including topical ketamine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.