

Case Number:	CM15-0095093		
Date Assigned:	05/21/2015	Date of Injury:	10/30/2013
Decision Date:	06/24/2015	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: 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 46 year old male, who sustained an industrial injury on 10/30/2013. He has reported injury to the left knee, leg, ankle, and foot. The diagnoses have included knee, leg, ankle, and foot injury; periostitis; plantar fasciitis; and heel/feet pain. Treatment to date has included medications, diagnostics, physical therapy, and left knee surgical intervention. Medications have included topical compounded cream. A progress note from the treating physician, dated 04/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of painful left heel/arch, slowly improving; the pain is rated at 3-4/10 on the pain scale, especially with the first step in the morning. Objective findings included mildly hypersensitive sensory function to the left medial plantar, lateral plantar, medial calcaneal, and lateral calcaneal regions; pain with palpation of the left calcaneal body; pain with palpation of the medial and lateral squeeze of calcaneal body; pain with palpation of the left plantar fascia with activation of windlass mechanism; weight-bearing exam reveals an antalgic gait, putting all the pressure on the contralateral side without use of any assistive device; and he is to be casted for custom-made functional orthotics at this time. The treatment plan has included the request for Ketamine 10%/Baclofen 2%/Gabapentin 10%/Amitriptyline2%/Clonidine0.25/Hyaluronic acid0.2% 180 gm tube. The patient's surgical history includes right heel and left knee surgery. The medication list included Pain killers. The list of medication was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%/ Baclofen 2%/ Gabapentin 10%/ Amitriptyline 2%/ Clonidine 0.2%/ Hyaluronic acid 0.2% 180gm tube: 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 Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: 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. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical Gabapentin is not recommended in this patient for this diagnosis as cited Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants. There is little to no research to support the use of many of these agents." Therefore topical amitriptyline is not recommended by the cited guidelines. Baclofen is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Gabapentin, Baclofen and amitriptyline are not recommended in this patient for this diagnosis as cited. The request for Ketamine 10%/ Baclofen 2%/ Gabapentin 10%/ Amitriptyline 2%/ Clonidine 0.2%/ Hyaluronic acid 0.2% 18 is not medically necessary or fully established in this patient.