

Case Number:	CM15-0095169		
Date Assigned:	05/21/2015	Date of Injury:	02/01/2012
Decision Date:	06/25/2015	UR Denial Date:	04/25/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 37-year-old male, who sustained an industrial injury on 2/1/12. He reported a pop in the low back. The injured worker was diagnosed as having ankle/sprain, peroneal tendinitis, bursitis, capsulitis, bilateral plantar fasciitis and pain. Treatment to date has included crutches, cane, Unna boot, topical medications, injections, physical therapy and oral medications. Currently, the injured worker complains of continued bilateral foot and ankle pain with heel/arch pain. He notes heel/arch pain is reduced since previous visit. He also notes injections have been a lot more helpful. Physical exam noted bilateral sinus tarsi, pain with palpation of bilateral peroneal tendons, pain with palpation of bilateral anterior talofibular and calcaneofibular ligaments, pain with impaction of bilateral ankle joints, pain with palpation of bilateral calves/Achilles tendons and antalgic gait and decreased range of motion. The treatment plan included authorization for Ketamine/Baclofen/Gabapentin/Amitriptyline/Clonidine and Hyaluronic acid topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Baclofen 25%, Gabapentin 10%, Amitriptyline 2%, Clonidine 0.2%, Hyaluronic Acid 0.2% 120g: 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 Guidelines recommends the 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. MTUS Guidelines states that topical Baclofen is not recommended. MTUS Guidelines also state that topical Gabapentin is not recommended; and further clarifies that there is no evidence for use of any other anti-epilepsy drug as a topical product. Guidelines recommend against the use of many of the medications in this compound. As such, the request is not medically necessary.