MAXIMUS Federal Services

Case Number:	CM15-0096409		
Date Assigned:	05/26/2015	Date of Injury:	08/13/2009
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 65 year old male, who sustained an industrial injury on 08/13/2009. He reported injury to his right foot. Treatment to date has included medications, physical therapy and surgery. According to records, Naprosyn slightly irritated his stomach. Primary diagnosis included neuritis. According to a progress report dated 09/04/2014, Gabapentin worked well. Neuropathic pain was isolated to his lateral thigh. His right foot was persistently numb but no longer hurt. His pain scores decreased from 8 to 5 on a scale of 1-10. However, function had not improved. His medication regimen included Gabapentin 1200mg three times a day. According to an agreed medical evaluation dated 04/02/2015, the injured worker had pain that comes and goes in the interspace between his great and second toes near the metatarsal head of his right foot and in his right ankle. The right foot swelled at times. There was numbness around the anterolateral side of his right knee. Sometimes he limped. He could trot a little bit but could not run. He could do some slow dancing. He walked on a treadmill for exercise but did not do any other sports. He was able to squat and kneel. He could walk for maybe 10 minutes. Then he had to take the weight off of the right foot. Current medications included Ibuprofen and Gabapentin. He also used cream on the right foot but could not recall the name. The provider noted that the injured worker would need treatment for his right foot and ankle such as analgesic medications and injections for flare-up. Currently under review is the request for topical compound cream: Ketamine & Gabapentin 120 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream: Ketamine & Gabapentin 120 gm with 3 refills: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics that include components such as ketamine and gabapentin. Topical analgesics are considered as 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. The two components of this topical analgesic are Ketamine and Gabapentin. The MTUS guidelines state the following regarding these components: 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. In this case, Gabapentin is not recommended as a topical analgesic; therefore, a compounded medication including Gabapentin is not recommended. Further, there is no evidence that all primary and secondary treatments have been exhausted to justify the use of Ketamine. For these reasons, a topical analgesic including Ketamine and Gabapentin is not medically necessary.