

Case Number:	CM15-0097576		
Date Assigned:	05/28/2015	Date of Injury:	11/05/2012
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

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 50 year old female, who sustained an industrial injury on November 5, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having reflex sympathetic dystrophy of other specified site, bilateral carpal tunnel syndrome, status post right carpal tunnel release, complex regional pain syndrome in the right hand/wrist, bilateral basilar joint arthritis, and possible migration of complex regional pain syndrome to the contralateral left wrist, hand, and upper extremity. Diagnostic studies to date have included MRI, electromyography, and nerve conduction studies. Treatment to date has included work modifications, physical therapy, thoracic sympathetic ganglion blocks, right thumb injections, bilateral wrist splinting, home paraffin therapy, a home H-wave unit, and medications including pain, anti-epilepsy, topical compound, antidepressant, and non-steroidal anti-inflammatory. On April 2, 2015, the injured worker reports improved left neck, shoulder, and arm pain following the left thoracic 2 and thoracic 3 sympathetic ganglion block performed on March 6, 2015. There was improvement of the left hand swelling, color changes, and coldness. The left carpal tunnel region burning pain did not improve as much. The physical exam revealed right hand shiny skin and bilateral hand swelling and fluctuations of the skin color from redness to pinkish that was greater on the right than the left. There was hypersensitivity and burning on the palmar side of the wrists, and stiffness and tight fist forming difficulty bilaterally. The bilateral grip strength was decreased. The requested treatment is Transdermal Compound: Ketamine 6 percent/Ketoprofen 10 percent/Neurontin 6 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compound of ketamine 6%, ketoprofen 10%, neurontin 6%, qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains ketoprofen, which is a topical NSAID medication. MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." The requested topical analgesic also contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, the requested medication is not medically necessary.