

Case Number:	CM14-0148806		
Date Assigned:	09/18/2014	Date of Injury:	11/13/2000
Decision Date:	10/23/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported a work related injury on 11/13/2011 due to lifting boxes. The injured worker's diagnoses consist of myofascial symptoms, spondylosis without myelopathy, and lumbar spondylosis with myelopathy. The injured worker's past treatments have included surgical intervention and medication. The injured worker's surgical history consists of a left L5-S1 laminectomy, discectomy, and microdissection on 06/13/2001, and a cervical spine fusion at C4-7 on 04/06/2011, and a lumbar spine fusion surgery on 11/09/2011. Upon examination on 08/27/2014, the injured worker complained of severe pain that radiated into the neck and the mid scapular area. She localized the pain to the mid trapezius and neck area. The injured worker's prescribed medications include baclofen, oxycodone, Oxycontin. The treatment plan consisted of neuropathic compounding pharmacy material. If that plan is unsuccessful, the injured worker would like to be a candidate for injections. The rationale for the request was not provided for review. Section 11: A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Medication (Ketamine, Clonidine, Gabapentin, Amitriptylin, Mefenamic Acid, bupivacaine, PCCA Custom Cream): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Topical Medication (Ketamine, Clonidine, Gabapentin, Amitriptylin, Mefenamic Acid, bupivacaine, PCCA Custom Cream) is not medically necessary. The California MTUS states topical analgesics are recommended as an option. They are 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. These agents are applied locally to painful areas with advantages that include lack of symptomatic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetic, antidepressants, and glutamate receptor antagonist. There is little to no research to support the use of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In regards to ketamine, the guidelines state, it is only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in noncontrolled studies for CRPS and postherpetic neuralgia, and both have shown encouraging results. The exact mechanism of action remains undetermined. In regards to clonidine, the guidelines state it is only recommended after a short term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long term relief. In regards to amitriptyline, it is recommended as a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. In regards to mefenamic acid, the guidelines state 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. When investigated in this effect, they appear to diminish over time and it was stated that further research was required to determine if results were similar for all preparation. These medications may be useful for chronic musculoskeletal pain; however, there are no long term studies in their effectiveness or safety. In regards to gabapentin, it is not recommended or endorsed for topical purposes. When 1 ingredient in a topical compound is not recommended, the entire compound is considered not recommended. In this case, gabapentin is not recommended. As such, the request for Topical Medication (Ketamine, Clonidine, Gabapentin, Amitriptylin, Mefenamic Acid, bupivacaine, PCCA Custom Cream) is not medically necessary.