

Case Number:	CM14-0153717		
Date Assigned:	09/23/2014	Date of Injury:	12/13/2012
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation 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 29-year-old male who reported an injury on 12/13/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included hand pain, and wounds, traumatic amputation, peripheral neuropathy, numbness, tingling. The previous treatments included medication, surgery. Within the clinical note dated 07/30/2014, the injured worker reported his symptoms have remained stable. He complains of fatigue when taking medications. Upon the physical examination, the provider noted the injured worker had capillary refills of 2 seconds. Tenderness to palpation of the lumbar spine. The provider requested a compounded cream. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Clonidine 0.2%, Gabapentin 6&, Amitriptyline 30%, Mefenamic Acid 3%, Bupivacaine 1% for left hand fingers: 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 Topical NSAIDs Page(s): 111-113.

Decision rationale: The request for ketamine, clonidine, gabapentin, amitriptyline, mefenamic, bupivacaine for left hand fingers is not medically necessary. The California MTUS Guidelines note topical NSAIDS are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDS are recommended for short term use of 4 to 12 weeks. The guidelines note ketamine is a gel and used for cancer patients for treatment of chemotherapy induced peripheral neuropathy. Gabapentin is not recommended for topical use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.