

<b>Case Number:</b>	CM13-0026813		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Occupational Medicine 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:

Patient is a 53-year-old female with date of injury 10/01/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/06/2013, lists subjective complaints as pain in the low back, which radiated down both legs with associated numbness and tingling. Objective findings: Examination of the cervical spine revealed decreased range of motion in all planes due to pain and multiple trigger points. Increased paraspinal tone was also noted. Positive sensation in hands and feet. Diagnoses include lumbago, lumbar radiculopathy, cervicgia and insomnia. Patient underwent anterior cervical fusion of C6-7 on 02/07/2012. There is no documentation in the medical records provided for review to indicate that patient had been prescribed the following medication before the request for authorizations on 05/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS-CMPD-FLURBIPRO/KETAMINE/TRAMADOL/CYCLOBENZ/BUPIVAC DAY SUPPLY: 15 QUANTITY: 120 REFILLS: 0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111.

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of a cyclobenzaprine or any muscle relaxant as a topical product. Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain.