

<b>Case Number:</b>	CM13-0036505		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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 patient is a 50 year old female who reported a work-related injury on 03/11/2005. The patient sustained a low back injury when she pushed an iron box. The patient was diagnosed with lumbar pain and lumbar spondylosis. Recent clinical documentation stated the patient complained of back pain radiating from low back down both legs and a lower backache. The patient stated her medications were working well. Her medications included: Norco, Zanaflex, Neurontin, Celebrex, Lidoderm patch, Cymbalta, and a compounded cream. A request has been made for a compounded pain medication for the patient to include compounded ketamine hydrochloride, baclofen, bupivacaine, cyclobenzaprine, gabapentin, orphenadrine, Pentoxifyl, and a versatile cream base (2 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ketamine Hydrochloride, Baclofen, Bupivacaine, Cyclobenzaprine, Gabapentin, Orphenadrine, Pentoxifyl in a versatile cream base (2 refills): Upheld**

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

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

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The patient was not noted to have exhausted all other pain medications. Topical baclofen is not recommended per California Medical Treatment Guidelines. There is no peer-reviewed literature to support the use of topical baclofen. Gabapentin is also not recommended as there is no peer-reviewed literature to support its use in a topical form. Guidelines further state the addition of cyclobenzaprine to other agents is not recommended, and cyclobenzaprine is only recommended for a short course of therapy. California Medical Treatment Guidelines for chronic pain state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the decision for compounded ketamine hydrochloride, baclofen, bupivacaine, cyclobenzaprine, gabapentin, orphenadrine, Pentoxifyl in a versatile cream base (2 refills) is non-certified.