

<b>Case Number:</b>	CM13-0040202		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/18/1997
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 72 year old female with date of injury of 9/18/97. The mechanism of injury was not provided. The injured worker had an exam on 2/26/14 with complaints of increased pain in her lumbar spine, right hip, and right knee. She reported having a feeling of locking in her left hip. Her reported pain scale was 9/10. The injured worker had a history of arthritis, fibromyalgia, osteoarthritis, seizures, and stroke. She had undergone chiropractic care, heat treatment, ice treatment, massage therapy, physical therapy, and a TENS unit. Results and efficacy of these conservative therapies were not provided. Her medication list consisted of Lidoderm, Alprazolam, Atenolol, Triamterene/hydrochlorothiazide, Baclofen, Synthroid, Pantoprazole sodium, Meloxicam, Escitalopram oxalate, and Atorvastatin. Her diagnoses include sacroiliitis, internal derangement of the knee, joint pain, and hand and lumbosacral neuritis. The recommend plan of treatment was to continue with current medications and have a left and right sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF COMPOUND DRUG: KETAMINE HCL POWDER, BUPIVACAINE POWDER HCL, DICLOFENAC POWDER, DOXEPIN HCL POWDER, GABAPENTIN POWDER, ORPHENADRINE POWDER, PENTOXIFYL POWDER, VERSATILE CREAM BASE:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The guidelines do not recommend local anesthetics except for neuropathic pain. There is not enough evidence to support that the injured worker is having neuropathic pain. The guidelines do not recommend gabapentin. There is no review to support use. The guidelines also recommend Ketamine only if all primary and secondary treatment has been exhausted. There was no evidence provided of results and efficacy of other prior treatments. Furthermore, there was no mention of the powder in the recommendations and there were no directions, dose, or duration provided. As such, the request is not medically necessary.