

Case Number:	CM13-0057619		
Date Assigned:	12/30/2013	Date of Injury:	01/24/2008
Decision Date:	04/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 65 year-old female with date of injury 1/24/2008. The most recent medical record, a secondary treating physician's progress report, dated 10/16/2013, lists subjective complaints as chronic, severe lower back pain and right buttock and leg pain. After failing conservative measures, patient underwent a lumbar laminectomy. She recovered well and later deteriorated. Objective findings: An examination of the cervical spine was normal with no decreased range of motion or tenderness. Examination of the lumbar spine revealed right S.I. sulcus tenders with direct palpation. Pain was reduced with provocative testing. No paraspinal muscle spasm was noted. Pelvic thrust test was positive. Positive Gaenslen's test with the patient supine and positive sacral compressions/Yeoman's test while prone. Deep tendon reflexes in the lower extremities were decreased but equal. Diagnosis: 1. Displacement of lumbar disc without myelopathy 2. Lumbar radiculopathy 3. Lumbago. The medical records provided to this reviewer document that the patient has taken the following medications for at least as far back as 10/22/2012. Medication: 1. Norco 10-325mg tablets 2. Vesicare tablets

IMR ISSUES, DECISIONS AND RATIONALES

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

W #3 KDL (KETAMINE,DICLOFENAC,INDO,LIDO)#240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: W #3 KDL is a topical compounded medication. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. W #3 KDL contains ketamine. Ketamine is not recommended by the MTUS. W #3 KDL (KETAMINE,DICLOFENAC,INDO,LIDO)#240GM is not medically necessary.