

<b>Case Number:</b>	CM13-0061062		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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, has a subspecialty in Pain Management, 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 patient is a 50 year old male who was injured on 1/30/03. The mechanism of injury was not provided for review. The patient's medications as of 11/13/13 include Compazine, Coumadin, Dilaudid, Klonopin, Lunesta, Methadone, and MiraLax. The patient's VAS is 10/10 without medications and 7/10 with medications. An x-ray of the lumbar spine revealed status post fusion of the spine, L5-S1 for isthmic spondylolisthesis; solid posterolateral fusion and mild degeneration of the L4-L5 disc was noted. Prior review of MRI revealed some moderate stenosis at adjacent segment, L4-L5; this is located in the subarticular recess. A pain management note dated 11/13/13 indicated that the patient presented with complaints of back pain which was the same since his last visit. The patient was complaining of pain in the back and the left leg. The patient found the methadone to be helpful, as well as Dilaudid. The patient complained of constipation. The patient denied gastritis or depression. Objective findings on exam revealed a surgical scar along the spine. He had a slightly antalgic gait and utilized a cane. Motor exam revealed EHL left 4+ and right 5. On musculoskeletal exam, the patient moves from the sitting position to standing position with slight difficulty, and he was walking with a brace on the left leg. There was tenderness at the left paravertebral muscles, L4, L5, and sacrum. The patient was diagnosed with post-laminectomy syndrome of lumbar region. The patient was recommended to consider a spinal cord stimulator trial, lumbar x-ray, and medication management. The patient was instructed to continue methadone and Dilaudid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 30 DAY SUPPLY OF COMPOUNDED MEDICATION:  
KETAMINE/CLONIDINE/GABAPENTI/AMITRIPTY/MEFENA WITH 3 REFILLS:  
Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the California MTUS guidelines, compound topical analgesics have little to no research to support their use. Also, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The compounded medication includes Gabapentin, which is not recommended as there is no peer-reviewed literature to support use. Therefore the request is not medically necessary according to the guidelines, and is noncertified.