

Case Number:	CM13-0063073		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2004
Decision Date:	05/29/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 61-year-old man who sustained a work related injury on December 30 2004. Subsequently he developed neck and low back pain as well as left knee pain. The patient underwent lumbar fusion. According to a note dated on October 31, 2013, his physical examination demonstrated edition range of motion of the cervical spine with tenderness, and decreased sensation in both hands. The provider requested authorization for the topical analgesic mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 8%/BACLOFEN 2%/CYCLOBENZAPRINE 2%/DICLOFENAC 3%/GABAPENTIN 6%/TETRACAINE 2% 120 GRAMS QTY: 1.00: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined with other pain medications for pain control. There is limited research to

support the use of many of these agents. The guidelines also indicate that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. There is no proven efficacy of the topical application of Ketamine, Baclofen, Diclofenac, Tetracaine, and Cyclobenzaprine. Furthermore, an oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of for 120 grams of Ketamine 8%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2% is not medically necessary.