

Case Number:	CM13-0066502		
Date Assigned:	01/03/2014	Date of Injury:	05/09/2009
Decision Date:	05/13/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation 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:

This 26 year-old female sustained an injury on 5/9/09 while employed by [REDACTED]. Request under consideration include COMPOUND-KETAMINE/ VERSATILE/ FLURBIPRO/ GABAPENTI /LIDOCA DAY SUPPLY: 30, QTY 240, REFILLS 2. Report of 11/21/13 from the provider noted the patient takes narcotic medications (Opana ER) and Flexeril muscle relaxant; she continued with chronic neck, shoulder, low back, and hip pain. There is no change in her health since last visit; no new accident; she is independent with self-care and chores; no change in sleep problems. Exam showed decreased cervical ROM, limited lumbar range due to pain; paraspinal tenderness with normal 5/5 motor strength; normal gait; normal reflexes; cognition was normal; coordination normal. Treatment plan included continuing the topic compounded cream with refills. Request for above topical compound was non-certified on 12/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-KETAMINE/VERSATILE/FLURBIPRO/GABAPENTI/LIDOCA DAY SUPPLY: 30, QTY 240, REFILLS 2: Upheld

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

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

Decision rationale: This 26 year-old female sustained an injury on 5/9/09 while employed by [REDACTED]. Request under consideration include COMPOUND-KETAMINE/VERSATILE/ FLURBIPRO/ GABAPENTI /LIDOCA DAY SUPPLY: 30, QTY 240, REFILLS 2. Report of 11/21/13 from the provider noted the patient takes narcotic medications (Opana ER) and Flexeril muscle relaxant; she continued with chronic neck, shoulder, low back, and hip pain. There is no change in her health since last visit; no new accident. Exam showed limited range and tenderness; otherwise, was unremarkable. There is no demonstrated functional improvement from ongoing refills of the topical compound medication as the patient remains functionally unchanged for this chronic injury of 2009. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The COMPOUND-KETAMINE/VERSATILE/ FLURBIPRO/ GABAPENTI /LIDOCA DAY SUPPLY: 30, QTY 240, REFILLS 2 is not medically necessary and appropriate.