

<b>Case Number:</b>	CM14-0119683		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Nevada. 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 records presented for review indicate that this 37 year-old individual was reportedly injured on 9/27/2012. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 2/18/2014 indicates that there are ongoing complaints of low back pain. The physical examination is handwritten and partially illegible. It states lumbar spine 52/20/18/90. Tenderness to palpation lumbar paraspinal muscles with spasm. Tenderness to palpation lumbar sacral junction. Straight leg raise-low back pain. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Ketogabcylo compound 180 gm and was not certified in the pre-authorization process on 6/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for date of service 04/05/2013 for pharmacy purchase of Ketogabcylo compound 180 gm:** Upheld

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

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

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.