

Case Number:	CM14-0020658		
Date Assigned:	04/30/2014	Date of Injury:	04/07/2004
Decision Date:	07/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

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 Internal 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:

The patient is a 55 year old male with date of injury 04/07/2004. There is no availability to mechanism of injury. The notes reflect chronic neck and low back pain and failed back surgery in the past. The patient is also with comorbid depression as a diagnosis. He currently takes oxycodone short acting, oxycontin long acting, and diazepam for pain control. There are mentions of acupuncture and physical therapy in some of the notes, but no reports are available as to outcome. The current request is for a compounded medication that includes ketamine, bupivacaine, diclofenac, doxepin, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- KETAMINE/BUPIVACAINE/DICLOFENAC/DOXEPIN /GABAPENTIN #120, 30 DAY SUPPLY WITH 1 REFILL: 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): 111-113.

Decision rationale: MTUS guidelines state that one medication be trialed at a time and documentation of outcome, in terms of function and pain, be made. The compounded medication

in question contains ketamine, bupivacaine, diclofenac, doxepin, and gabapentin. Topical gabapentin is not recommended and no clinical studies or peer reviewed literature support the use of this as a topical agent. Any agent that is part of a compounded medication that is not recommended essentially negates the entire compound. Furthermore, there is no documentation as to trials of any of the components of this compounded formulation as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. As such, the MTUS guidelines are not met and the compounded balm is not medically necessary.