

Case Number:	CM14-0031526		
Date Assigned:	06/20/2014	Date of Injury:	08/12/2011
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 24 year old female who had a work related injury on 8/15/11. The injured worker underwent surgery of her right shoulder and, following surgery, she developed a blood clot in her arm. She went to 30 sessions of post-operative physical therapy, and 18 sessions of acupuncture. The injured worker was still complaining of right upper extremity pain on the most recent on note dated 4/9/14. She was frustrated she could not do a lot of things. She could not lift. She stated that she hurt all the time. On physical examination, she was stiff. She extended to 45 degrees, rotated to 60 to the left and 70 to the right. She could laterally bend 45 degrees each way. Right shoulder was significantly more anterior than left. She was tender over both supraclavicular and infraclavicular tendons. She had positive Roos overhead test. Immediately, she had numbness in her ulnar distribution. Her hand was warm. Capillary refill was brisk. The patient stated she could not take anti-inflammatories because of GI upset, and pain medication caused constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine compound medication 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 56, 67-68, 111-113. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS does not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains gabapentin, which has not been approved by the FDA for transdermal use. As such, the request is not medically necessary.