

<b>Case Number:</b>	CM14-0048173		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational 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:

This is a 53 year-old male patient with a 4/27/2010 date of injury. The mechanism of injury was a fall from a roof while removing branches and injuring his left shoulder. Treatment has included spinal cord stimulation (SCS) on 8/7/13, left shoulder subacromial decompression revision on 4/19/13, left ulnar decompression on 8/7/12, left shoulder subacromial decompression on 7/19/11, physical therapy, medication, and diagnostics. On a progress note dated 4/2/2014 the patient complained of severe dizziness from taking Cymbalta after taking it for only one week. Tramadol gave the patient cognitive problems. In 9/2013 the patient underwent the implantation of a spinal cord stimulator implantation with positive results in controlling his pain. The diagnostic impression is neck pain, chronic pain, neuralgia, and shoulder region disorder. Treatment to date: Surgery, home exercise program, acupuncture, and medication management. A UR decision dated 4/3/2014 denied the request for a compounded medication of ketamine 10%, gabapentin 6%, diclofenac 6%, cyclobenzaprine 2%, bupivacaine 1% 240gm. The rationale for denial cited CA MTUS guidelines and ODG guidelines do not recommend the use of topical analgesic creams for they are considered highly experimental without proven efficacy. They are only recommended for the treatment of neuropathic pain after first-line therapy of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of compound medications consisting of Ketamine 10%, Gabapentin 6%, Diclofenac 6%, Cyclobenzaprine 2%, Bupivacaine 1%, #240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound topical analgesic creams. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS guidelines state that topical analgesics are still experimental in nature with few randomized trials to prove efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The patient failed the trial of Cymbalta, but was resistant to trial any of the other recommended agents. Furthermore, reasoning for the use of a compound containing ketamine, a pain reliever with many sedating and disorientating side effects, is unclear. Therefore, the request for Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Cyclobenzaprine 2%, Bupivacaine 1% #240gm is not medically necessary.