

<b>Case Number:</b>	CM14-0188750		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 & 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:

The patient is a 37 year old male with date of injury 06/04/12. The treating physician report dated 10/10/14 indicates that the patient presents with lower back pain. The physical examination findings reveal lumbar spine ROM is abnormal at 80 degrees of true flexion, 15 degrees of extension, 20 degrees of right lateral flexion, 20 degrees of left lateral flexion, 25 degrees of right rotation, and 25 degrees of left rotation. Patient experienced pain with lumbar spine ROM exam. Sensation in dermatomes for L1-4 and S1-S2 all normal bilaterally except L5, which is abnormal bilaterally. Prior treatment history includes chiropractic, physical therapy, and surgery to remove hydroseal herniated cord in 2012. The current diagnosis listed is 715.9. The utilization review report dated 10/18/14 denied the request for Cmpd-Ketamine/Baclofen/Bupivacal/Cyclobenz/Gabapen day supply 15, quantity 120 without refills based on 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/Baclofen/Bupivacal/Cyclobenz/Gabapen day supply 15 quantity 120 refills 00: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting their lower back. The current request is for Cmpd-Ketamine/Baclofen/Bupivacal/Cyclobenz/Gabapen day supply 15 quantity 120 refills 00. The MTUS guidelines for topical analgesics state that they are largely experimental and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the topical analgesics that are listed in the prescribed compound that the treating physician has requested contain Baclofen and Gabapentin. Both of these medications are not recommended by the MTUS guidelines on page 113 for topical application. The request is not medically necessary.