

<b>Case Number:</b>	CM14-0197678		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/12/1995
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 12, 1995. In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for a topical compounded drug, citing an October 29, 2014 progress note. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant reported multifocal complaints of neck, thumb, and hand pain with associated spasms. The applicant was using Tenormin, azathioprine, Flexeril, Lasix, potassium, Pentasa, phentermine, Vytolin, diclofenac, tramadol, Flector, Mobic, Norco, metformin, Prilosec, and Remicade, among other things. The applicant was not working, it was acknowledged. Multiple medications are refilled, including the topical compounded agent at issue. Massage therapy was also endorsed. In an earlier note dated October 24, 2014, the applicant again received multiple medication refills along with the topical compound agent at issue. Botox injections were sought. The applicant was not working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream ketamine 15%, amitriptyline 2%, baclofen 2% and lidocaine 5%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of several first-line oral pharmaceuticals, including Mobic, Norco, Flexeril, tramadol, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" agent at issue. Therefore, the request was not medically necessary.