

<b>Case Number:</b>	CM15-0103408		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male who sustained an industrial injury on 09/10/2009. Current diagnoses include neck pain and stiffness with cervical radiculopathy, left shoulder tendinitis, and left shoulder myofascial pain syndrome. Previous treatments included medications and home exercises. Report dated 04/16/2015 noted that the injured worker presented with complaints that included neck pain, left shoulder pain, scapula pain, and radiating pain into the left arm down to the fingertips. Pain level was 7 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for abnormalities in the cervical spine, left shoulder, and left upper extremity. Physical examination of the cervical spine revealed limited range of motion, tenderness on palpation, muscle spasm, trigger points, decreased reflexes and sensation. The treatment plan included starting the injured worker on Percura and continuation with the rest of the medications, request for massage therapy, continue with activities and exercise at home, and follow up in one month. Disputed treatments include compound medications Tramadol HCL 100% and Ketamine hydrochloride 100%. The medication list include Norco, Flexeril, Ativan, Lexapro, Sentra, Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Tramadol HCL 100% 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. The medical necessity of the request for Tramadol HCL 100% 180gm is not fully established in this patient. The request is not medically necessary.

**Compound Medication: Ketamine Hydrochloride 100% 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. The medical necessity of the request for Ketamine Hydrochloride 100% 180gm is not fully established in this patient. The request is not medically necessary.