

<b>Case Number:</b>	CM15-0136950		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Arizona, 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 41-year-old male who sustained an industrial/work injury on 3/19/14. He reported an initial complaint of neck pain and stiffness. The injured worker was diagnosed as having cervical disc displacement, joint pain-shoulder, sprain of neck, and cervicalgia. Treatment to date includes medication-NSAIDs (non-steroid anti-inflammatories). MRI results were reported on 8/22/14. Currently, the injured worker complained of posterior neck pain rated 5/10, that radiates down the arms and in the right antecubital area. The pain is sharp, dull, aching, burning, shooting, and stabbing. Per the primary physician's report (PR-2) on 6/24/15, exam noted decreased range of motion of the neck, paraspinous disc pain at C3-T2 and slightly increased warmth in the area, the trapeze areas are slightly swollen, (L>R). Current plan of care included medication, ice, rest, and follow up. The requested treatments include Pharmacy purchase of compound medication: Ketamine 10%, Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%, Ibuprofen 3%, Ketomine 10% 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of compound medication: Ketamine 10%, Bupivacaine 1%, Diclofenac 3%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%, Ibuprofen 3%, Ketomine 10% 120gm with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 of 127.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence and topical Ketamine is under study. Diclofenac is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition, long-term use of topical analgesics are not recommended. Since the compound above contains these topical medications (which are not supported) with a request for 3 refills, the compound in question is not medically necessary.