

Case Number:	CM15-0020516		
Date Assigned:	02/10/2015	Date of Injury:	08/16/1985
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 08/16/1985. The mechanism of injury involved a fall. The current diagnoses include sprain of the lumbar spine, lumbar radiculopathy, closed fracture of the lumbar vertebrae, fracture of the thoracic vertebrae, neck sprain, paresthesia in the lower limb, acute MI, and closed fracture of the calcaneus. The injured worker presented on 12/31/2014 with complaints of neck pain. The current medication regimen includes baclofen 10 mg, aspirin 81 mg, and Lyrica 100 mg. It was noted that the injured worker was participating in a home exercise program. The injured worker also reported an improvement in symptoms with the use of a topical cream. Physical examination was not provided. Recommendations at that time included continuation of the current medication regimen. The injured worker was issued a prescription for a 90 g compounded cream with 20% ketamine, 2% baclofen, 2% amitriptyline, 3% diclofenac, 6% gabapentin, and 2% tetracaine. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%/ Baclofen 2%/ Amitriptyline 2%/ Diclofenac 3%/ Gabapentin 6%/ Tetracaine 2%, 90gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 56.

Decision rationale: California MTUS Guidelines state any compounded production that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended for topical use. Muscle relaxants are also not recommended for topical use. California MTUS Guidelines do not recommend ketamine. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There was no documentation of a failure of first line oral medication. There was also no frequency listed in the request. Based on the clinical information received and the California MTUS Guidelines, the request is not medically appropriate at this time.