

<b>Case Number:</b>	CM15-0020557		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/03/2004
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female who reported an injury on 02/03/2004. The mechanism of injury was not stated. The current diagnoses include cervical disc degeneration and brachial neuritis. The injured worker presented on 12/31/2014 for a follow-up evaluation with complaints of 7/10 back and shoulder pain. The injured worker also reported neck pain. The injured worker reported an improvement in symptoms with the current medication regimen. It was noted that the injured worker was utilizing Tramadol HCl 50 mg, Celebrex 200 mg, and a compounded cream containing Ketamine HCl 30%. Upon examination, there was painful range of motion of the trunk and all 4 extremities, 5/5 motor strength in the upper and lower extremities, and cervical tenderness to palpation at C5-7. The injured worker was advised to continue with the home exercise program as well as the current medication regimen. A cervical epidural steroid injection was also recommended. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream - Ketamine HCl 10%, Gabapentin 10%, Amitriptyline HCl 2%, Baclofen 2%, Tetracaine HCl 1% 240mg: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended for topical use, as there is no peer reviewed literature to support its use as a topical product. Muscle relaxants are also not recommended for topical use. Additionally, the California MTUS Guidelines do not recommend the use of Ketamine. There is also no frequency listed in the request. There was no mention of a failure of first line oral medication prior to the initiation of a topical analgesic. Given the above, the request is not medically appropriate at this time.