

<b>Case Number:</b>	CM14-0117738		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on March 17, 2012. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of left shoulder pain, left wrist pain, and left hand pain. Pain medications have stated to reduce the injured employees pain and physical therapy is stated to have improved her ability to function. Current medications include amitriptyline, hydrocodone/APAP, Anaprox, orphenadrine, and Gralise ER. The physical examination demonstrated decreased cervical spine range of motion with spasms and trigger points. There was a positive left-sided Spurling's test. There was also tenderness along the left upper back also with trigger points. The examination of the left shoulder noted decreased range of motion, a positive Speed's test, and a positive Apley's test. There was also decreased left wrist and left, range of motion. Decreased sensation was noted along the dorsal aspect of the left thumb. Were not reviewed during this visit. Previous treatment includes physical therapy, duty modification, left thumb surgery, steroid injections, left shoulder surgery, and cervical stellate blocks. A request had been made for a compound of ketamine/diclofenac/cyclobenzaprine/gabapentin/lidocaine and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10%, Diclofenac 3%, Cyclobenzaprine 2%, Gabapentin 5%, 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a compound of ketamine/diclofenac/cyclobenzaprine/gabapentin/lidocaine is not medically necessary.