

<b>Case Number:</b>	CM14-0125182		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Texas. 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 patient is a 49 year old female who sustained an industrial injury on 5/11/2006. She allegedly injured her back, knee, ankle, hip and elbow. She has surgical history of multiple lumbar fusion procedures, most recently 2/21/2012 L2-S1 fusion and 10/5/2013 anterior fusion with hardware revision and shattered disc removal. She has undergone physical therapy, tens, heat treatment, ESI injection and facet joint injection. According to the 4/22/2014 report, the patient reports increased bilateral legs weakness, and had prior foot weakness with subsequent toes fractures. She has slightly decreased pain in the left hip, right leg and foot since her last visit. She ambulates with walker/cane. She requires refill of Duragesic patches, trazodone and acyclovir. She reports unchanged 4/10 lumbar pain, decreased 3/10 left hip pain, unchanged 7/10 left leg pain, unchanged left foot pain, decreased 3/10 right leg/foot, and unchanged 1/10 right hip pain. She is currently working. She was last seen on 3/25/2014. Medications include ondansetran, trazodone, norco, duragesic, celebrex, baclofen, tramadol, linzess, neurontin, xanax, acyclovir, lexapro and nexium. Examination reveals antalgic gait, tenderness, limited lumbar ROM, decreased sensation over left L4-S1 dermatomes, 4/5 right 3/5 left motor strength, 2+ right and 1+ left reflexes. Diagnoses are lumbosacral neuritis NOS and lumbar postlaminectomy syndrome. Plan is to continue current medications, and start on Norco #30, followup in 1 month, and followup with urologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine/Ketoprofen/Gabapentin/Lidocaine/Steril Water/ Ethoxy Ethanol/ Dimethyl Sulfoxide/ Pentraven Plus Powder Compounded 240 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the guidelines, Ketamine is currently understudy. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The medical records do not substantiate neuropathic pain with exhaustion of appropriate first- and second-line therapies. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. Additionally, the guidelines state gabapentin is not recommended. There is no peer-reviewed literature to support use. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the topical compound is not supported as medically necessary.