

<b>Case Number:</b>	CM13-0071488		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 29, 2010. In a utilization review report dated November 27, 2013, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced a progress note of August 26, 2013 in its determination. The applicant's attorney subsequently appealed. On August 26, 2013, the applicant reported ongoing complaints of left lower extremity pain, sometimes provoked and precipitated by prolonged shifts at work. The applicant was given a diagnosis of saphenous neuritis. Supportive shoes and topical compounded medications were endorsed. On September 30, 2013, the attending provider suggested that the applicant continue a topical compounded agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL NEUROPATHIC PAIN COMPOUND (KETAMINE 10%/BUPIVICAINE1%):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

**Decision rationale:** 1. No, the topical compounded ketamine - bupivacaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is considered "under study" and recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there was/is no mention of the applicant as having exhausted all primary and/or secondary treatments such as first-line oral antidepressant and/or anticonvulsant adjuvant medications for left lower extremity neuropathic pain. No clear or compelling rationale for introduction, selection, and/or ongoing usage of the ketamine-containing topical compound at issue was furnished by the attending provider. Therefore, the request was not medically necessary.

**DICLOFENAC 3%/ DOXEPIIN 3%/ GABAPENTIN 6%/ ORPHENADRINE 5% CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26.

**Decision rationale:** 2. Similarly, the request for a diclofenac - doxepin - gabapentin - orphenadrine compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.