

Case Number:	CM14-0207484		
Date Assigned:	12/19/2014	Date of Injury:	02/11/2011
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2011. In a Utilization Review Report dated November 25, 2014, the claims administrator denied a request for a ketamine-containing topical compounded medication. The claims administrator stated that an RFA form for the medication in question had been received on November 19, 2014. The applicant's attorney subsequently appealed. In a progress note dated November 7, 2014, the applicant reported ongoing complaints of chronic low back pain, knee pain, depression, and anxiety, 8/10 with medications versus 10/10 without medications. The applicant was apparently using Norco and Duragesic prior to the encounter, it was stated. Multiple medications were renewed, including Norco and the ketamine-containing topical compounded agent at issue. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10%, Bupivac 1%, MDSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3%, 120mg #1, refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the ingredients 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. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.