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| <b>Case Number:</b>   | CM13-0002146 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 11/11/2008 |
| <b>Decision Date:</b> | 01/27/2014   | <b>UR Denial Date:</b>       | 07/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/19/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty Certificate in Disability Evaluation 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 physician 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:

36 years old male injured worker with date of injury November 11, 2008 with history lower back pain that radiated to the right thigh, associated with numbness. The patient was evaluated on June 25, 2013. Limited clinical information was provided in the written and partially illegible report. The patient was status post three epidural steroid injections. There was mild tenderness in lumbar spine paravertebral muscles. The patient was recommended to proceed with medications. 11/12/08 - Doctor's 1st Report by [REDACTED] Date-of injury; November 11, 2008. The examinee presented with complaints of pain in the Right hip and developed edema. There was pain with walking and sitting. Symptoms secondary to a slip and fall hitting a corner with the Right buttock. Anaprox Rx'd. Cold pack dispensed. Regular duty. DX: Right hip contusion. 11/13/08 and 11/21/08- PR-2 Rpts from [REDACTED]. Improved, but slower. than expected. Continue meds. Regular duty. DX: Right hip contusion. - 11/13/08- X-rays of the Right hip, 2V interpreted by [REDACTED] at [REDACTED]. DX: Negative study, repeat exam recommended is symptoms persist to exclude fracture with initial occult reading. 11/24/08- PR-2 Rpt from [REDACTED]. No significant improvement. Start Physical Therapy. Continue meds. Regular duty. DX: Right thigh contusion. 12/03/08 to 02/13/09- PR-2 Rpts from [REDACTED]. Improved, but slower than expected. Continued PT and meds. Orthopedic referral on January 30, 2009. Regular duty. DX: Right thigh and L-spine contusion. At issue is the request for topical Ketrop/Cyclo 20/20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketrop/Cyclo 20/20%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule-Definitions and Compounded Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 64, 111 to 113 of 127..

**Decision rationale:** Chronic Pain Medical Treatment Guideline, MTUS (Effective July 18, 2009) Topical Analgesics section pages 111-113 of 127 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000). Cyclobenzaprtne is mentioned for use only as an oral agent: page 64 of 127. It is generally not recommended also in accordance with page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines which does not recommend the use of any muscle relaxants as a topical product . Therefore the request for topical Ketrop/Cyclo 20/20% is not medically necessary.