

Case Number:	CM13-0013968		
Date Assigned:	03/10/2014	Date of Injury:	11/02/2012
Decision Date:	04/24/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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:

Patient is a 44 year old male with date of injury 11/02/2012. The most current primary treating physician's report, dated 10/30/2013 lists subjective complaints as constant moderate to sharp pain in the low back that radiates to his ribs and chest. The pain increases with prolonged standing, walking, sitting, lying down, bending, and any medium to heavy lifting. He also reports numbness and tingling in his legs and intermittent headaches. Objective findings: Examination of the lumbar spine revealed tenderness to palpation about the paravertebral muscles bilaterally. There was decreased range of motion but no muscle guarding or spasm. There was tenderness to palpation on the lateral aspect of the right chest wall with very light touch. Diagnosis: 1. Headaches and traumatic brain injury 2. Thoracic spine strain 3. Right rib contusion 4. Low back pain with bilateral radiculopathy. The medical records supplied to this reviewer document that the patient has been taking the following medications for at least back to 3/6/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE/KETOPROFEN/LIDOCAINE ULTRA CREAM PRN 120ML
REFILL #1:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: There is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is specifically mentioned in the MTUS as not been approved by the FDA for topical application. The request is not medically necessary.