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| Case Number: | CM13-0018129 | | |
| Date Assigned: | 03/26/2014 | Date of Injury: | 09/04/2002 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of September 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a pain pump; anticonvulsant medications for issues with epilepsy; topical compound; and extensive periods of time off of work. In a Utilization Review Report of August 22, 2013, the claims administrator denied a request for several topical compounds reportedly dispensed in 2008. The applicant's attorney subsequently appealed. In an August 27, 2013 progress note, the applicant is described as using a variety of oral agents for various purposes, including Keppra, Dilantin, Skelaxin, magnesium, Metamucil, Motrin, Norco, and benazepril. Operating diagnoses include epilepsy, ankle pain, torticollis, knee pain, and low back pain. The applicant is also using Skelaxin, it is noted, for his multifocal pain complaints. In an earlier note of April 11, 2013, the applicant was described as using a variety of pain medications, including naproxen, Skelaxin, and Norco, among others.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR COMPOUNDED TOPICAL CREAM:
CYCLOBENZ/KETOPROFE/LIDOCAINE/LECITHIN/POLOXA 20 DAY SUPPLY
QTY:120.00 WITH NO REFILLS DISPENSED ON 10/20/08: 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): 111-113.

Decision rationale: Several ingredients in the compound including cyclobenzaprine and ketoprofen, carry unfavorable recommendations and are not recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including naproxen, Skelaxin, Robaxin, Norco, etc. effectively obviates the need for the compound in question. Therefore, the request is retrospectively not certified, on Independent Medical Review.

**RETROSPECTIVE REQUEST FOR COMPOUNDED TOPICAL CREAM:
CYCLOBENZ/KETOPROFE/LIDOCAINE/LECITHIN/POLOXA 20 DAY SUPPLY
QTY:120.00 WITH NO REFILLS DISPENSED ON 11/10/08: 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): 111-113.

Decision rationale: Again, the applicant's successful usage of multiple first-line oral pharmaceuticals, including Norco, Robaxin, Naprosyn, Skelaxin, etc. effectively obviates the need for the largely experimental topical compound in question. It is further noted that neither ketoprofen nor cyclobenzaprine, two of the ingredients in compound, are recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, resulting in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise retrospectively not certified, on Independent Medical Review.