

Case Number:	CM13-0019232		
Date Assigned:	10/11/2013	Date of Injury:	02/02/2011
Decision Date:	02/14/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Practice, and is licensed to practice in Texas. 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.

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 patient is a 40-year-old who reported an injury on 02/02/2011. The mechanism of injury was not provided. The initial course of treatment was not discussed in the medical records provided. An MRI of the cervical spine dated 07/25/2012, reported a mild degree of central stenosis at C5-6 secondary to a 3 mm central posterior disc protrusion and a 1.5 mm broad based posterior disc/end plate osteophyte complex at C6-7. The patient is known to have had a rhizotomy to an unspecified level of the cervical spine on an unspecified date. She is also noted to have had 12 sessions of chiropractic, 8 sessions of acupuncture, and 12 sessions of physical therapy, all of which have not provided any relief. The patient also reported an increase in pain after the rhizotomy was performed. The most recent clinical note dated 09/30/2013 reported the patient has had an increase in muscle spasms despite being prescribed the topical pain reliever cream. The clinical note dated 08/26/2013 stated that the patient reported only a slight decrease in pain with use of the cream. There was no other clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cycloketorub-L U cream, 3%/20%/6.15%,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of topical analgesics in the treatment of neuropathic or osteoarthritic pain. Guidelines also state that any compounded product that contains at least 1 drug that is not recommended deems the entire product not recommended. The current request is for a compounded cream with 3% cyclobenzaprine, 20% ketoprofen, and 6.15% lidocaine. Guidelines state that ketoprofen is not recommended for topical application and lidocaine is not approved for use in any formulation other than a dermal patch, to include creams, lotions, or gels. Neither of the requested formulations of ketoprofen and lidocaine are approved for use. The request for Cycloketorub-L U cream, 3%/20%/6.15%, is not medically necessary or appropriate.