

<b>Case Number:</b>	CM13-0020474		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 low back pain reportedly associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy and topical compounds. In a utilization review report of September 4, 2013, the claims administrator denied a request for several topical compounds. The applicant's attorney subsequently appealed. In a handwritten note of December 18, 2013, the applicant was described as presenting with persistent mid, low back, and neck pain. The applicant was placed off of work, on total temporary disability, on that date. In an earlier note of December 11, 2013, the application was asked to pursue acupuncture, chiropractic manipulative therapy, and employ topical compounds for pain relief, again, while seemingly remaining off of work. The documentation on file was sparse, handwritten, and difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10%/3%/5% 120GM #1:** 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 pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Ketoprofen nor Cyclobenzaprine is recommended for topical compound formulation purposes. Since multiple ingredients in the compound carry unfavorable recommendations, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not medically necessary.

**FLURBIPROFIN/CAPSAISIN/MENTHOL 10/0.025/2/1% 120GM #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the Flurbiprofen-containing topical compound here which are, as a class, "largely experimental" per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. No compelling case has been made for usage of the topical compound in question so as to try and offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.