

<b>Case Number:</b>	CM13-0020772		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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.

### 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 52-year-old, who reported an injury dated 05/07/2007. The injury is noted to have occurred during his normal work duties. The patient complained of pain and discomfort to the neck. The patient was seen status post C4-C5 disk replacement, and C5-C7 anterior cervical discectomy and fusion. The patient was then discharge to home once ambulatory and stable. The patient was to continue activity as tolerated and follow up with MD as outpatient visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop/Lindoc/Cap/Ram 13%/1%/0.12%/5% liquid, quantity of 60, for 15 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Ketop/Lindoc/Cap/Ram 13%/1%/0.12%/5% is non-certified. The patient has noted pain and discomfort to the neck status post cervical surgery. The California guidelines recommend Lidocaine only to be used in the form of a patch. In addition the guidelines note that Ketoprofen has not been FDA approved, and furthermore Capsaicin has not shown significant effectiveness. Furthermore any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for

Ketop/Lindoc/Cap/Ram 13%/1%/0.12%/5% liquid, quantity of 60, for 15 days, is not medically necessary or appropriate.

**Flur/Cyclo/Caps/Lid (new) 10%/2%/0.0125%/1% liquid, quantity of 120, for 30 days:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has noted pain and discomfort to the neck status post cervical surgery. The California guidelines recommend Lidocaine only to be used in the form of a patch. In addition the guidelines note that Capsaicin has not shown significant effectiveness. Furthermore any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Flur/Cyclo/Caps/Lid (new) 10%/2%/0.0125%/1% liquid, quantity of 120, for 30 days, is not medically necessary or appropriate.