

Case Number:	CM13-0021122		
Date Assigned:	03/12/2014	Date of Injury:	07/17/2009
Decision Date:	05/21/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 neck, low back, and shoulder pain reportedly associated with an industrial injury of July 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; topical applications of heat and cold; unspecified amounts of acupuncture and physical therapy; computerized range of motion testing; earlier knee surgery; and extensive periods of time off of work. Final Determination Letter for IMR Case Number CM13-0021122 3 In a Utilization Review Report of August 29, 2013, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPROPHAN CYCLOKETO L 3 PERCENT 20 PERCENT/6.15 PERCENT
TRANSDERM:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter..

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

Decision rationale: In this case, two of the ingredients in the compound, specifically Ketoprofen and Cyclobenzaprine, are not recommended for topical compound formulation purposes, per pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary, on Independent Medical Review.