

<b>Case Number:</b>	CM13-0028079		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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 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. 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 patient is a 55-year-old female with the date of injury 09/22/2007. She has a long and complicated medical history since the date of injury. Her diagnoses include left shoulder impingement with partial tears of the supraspinatus tendon and the superior aspect of the labral cartilage, temporomandibular joint (TMJ) syndrome, chronic headache, chronic neck and low back pain. In addition, she has had anterior cervical discectomy with fusion of C3-C7, and L5-S1 discectomy with laminectomy. The authorization request is for the compounded drug, baclofen/cyclobenzaprine/ ketoprofen/lidocaine 240gm for topical application and for a urine drug screen. From what I can gather on review of the medical record, the compounded drug was prescribed to treat the patient's TMJ syndrome directly or her cephalgia which may be caused by the TMJ syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen/cyclobenzaprine/ketoprofen/lidocaine 240gm:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 111-112.

**Decision rationale:** The requested topical medication is a compounded drug. The MTUS seems clear in its statement, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Baclofen (Lioresal<sup>®</sup>, generic available): It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Cyclobenzaprine (Flexeril<sup>®</sup>, Amrix<sup>®</sup>, Fexmid<sup>®</sup>, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000). The request for baclofen/cyclobenzaprine/ketoprofen/lidocaine 240gm is not certified.

**Urine drug screen:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**Decision rationale:** At the date of this review, the recommended time for retesting with a urine drug screen, per MTUS, would have passed. Authorization for urine drug screen is certified.