

<b>Case Number:</b>	CM13-0028633		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Addiction and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in New York, Ohio, Nebraska and Massachusetts. 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:

This is a 49 year old male who sustained an injury on 7/1/2013 when the fork lift that he was driving over a bump suddenly stopped causing the patients neck to whip around. He is diagnosed with sprain/strain in the cervical and thoracic spine. Imaging has shown multilevel degenerative disease of discs. Mild myospasm was noted in the bilateral paraspinal musculature and bilateral trapezii. The patient has already been prescribed Lodine, Flexeril, Biofreeze, physical therapy and home exercise therapy. Topical Cycloketo-L 3%/20%/6.15% Transderm has been prescribed in addition to the other medications already prescribed. The treating physician did not provide a specific rationale for each of the ingredients alone or in combination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 day supply of Topical cream (Cycloketo-L 3%/20%/6.15% Transderm): Upheld**

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

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

**Decision rationale:** As per MTUS guidelines, the topical preparations are largely experimental. There have been only a few randomized controlled trials to determine the efficacy or safety. As per the medical report of July 31, 2013, the patient was prescribed Naproxen and tramadol. Also in one of the documents, "ibuprofen 200 mg is not helping". Ibuprofen 200 mg may not be an adequate dose to alleviate pain. As per the MTUS guidelines, topical analgesics are recommended only after first line agents such as NSAIDs fail. It is not clear that this injured worker has failed an adequate trial of first line agents and may still be continuing an oral NSAID. Ketoprofen and Cyclobenzaprine are not approved as a topical preparation by the FDA. As per the MTUS guidelines (pp 111 to 113), some topical NSAIDs may be used short term for extremity osteoarthritis. This patient's diagnosis is primarily neck and thoracic sprain, for which a topical NSAID is neither indicated nor likely to be effective.