

<b>Case Number:</b>	CM13-0028665		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	02/12/1997
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old female with a 2/12/1997 industrial injury claim. According to the 8/14/13 report from [REDACTED] office, the patient presents with bilateral upper extremity pain around the shoulders, R>L. MRIs from 2012 showed partial SST tear bilateral and AC OA. On 9/18/13 UR recommended non-certification for use of compounded topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 2%:** 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): 111-113.

**Decision rationale:** The patient presents with bilateral shoulder/upper extremity pain. I am asked to review for necessity of a compounded topical medication containing 10% Ketoprofen; 3% cyclobenzaprine; and 2% lidocaine. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this particular case, none of the components of the compound are recommended by MTUS. MTUS states " Only

FDA-approved products are currently recommended" and then states for Ketoprofen: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." Any compounded topical medication that contains Ketoprofen is not recommended. The request is not in accordance with MTUS guidelines.

**Compound Ketoprofen 10%, Gabapentin 5%, Lidocaine 2%:** 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): 111-113.

**Decision rationale:** The patient presents with bilateral shoulder/upper extremity pain. I am asked to review for necessity of a compounded topical medication containing 10% Ketoprofen; 5% gabapentin and 2% lidocaine. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Again, none of the components of the compound are recommended by MTUS. MTUS states "Only FDA-approved products are currently recommended" and then states for Ketoprofen: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." Any compounded topical medication that contains Ketoprofen is not recommended. The request is not in accordance with MTUS guidelines.

**Compound lidocaine 2%, prilocaine 2%, topiramate 2.5%, meloxicam 0.09%, DMSO 10.625%:** 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): 111-113.

**Decision rationale:** The patient presents with bilateral shoulder/upper extremity pain. I am asked to review for necessity of a compounded topical medication containing 2% lidocaine, 2% prilocaine; 2.5% topiramate; 0.09% meloxicam and DMSO. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medication contains Lidocaine 2%. MTUS states other than the dermal patch, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Therefore any compounded product containing Lidocaine cream, lotion or gel would not be recommended. The request is not in accordance with MTUS guidelines