

<b>Case Number:</b>	CM13-0029046		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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, bilateral knee, and bilateral wrist pain reportedly associated with an industrial injury of May 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 12, 2013, the claims administrator denied a request for several topical compounded drugs. A June 19, 2012, progress note is notable for the comments that the applicant was using Vicodin in an unspecified progress note for pain relief. On November 20, 2012, the applicant was described as using a variety of oral and topical agents, including Naprosyn, Imitrex, Prilosec, Zofran, Flexeril, and Medrox. The applicant was placed off of work, on total temporary disability. On a progress note of April 23, 2013, the applicant was given prescriptions for Naprosyn, Zofran, Flexeril, Tramadol, and various and sundry topical compounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO / LIDOC / CAP / TRAM 15%, 1%, 0.12/5% LIQ. quantity 60:** Upheld

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

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

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, ketoprofen, the principal ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of Naprosyn, tramadol, Flexeril, and other first-line oral pharmaceuticals effectively obviates the need for it. Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request is not medically necessary.

**FLUR / CYCLO / CAPS / LID (new) 10%, 2%, 0.125%, 1% quantity 120 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 Topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other topical compound, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, tramadol, Flexeril, etc. effectively obviates the need for the compound in question. For all the stated reasons, the request is not medically necessary.