

<b>Case Number:</b>	CM13-0032723		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/19/2005
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 low back pain reportedly associated with an industrial injury of September 19, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; left knee arthroscopy; transfer of care to and from various providers in various specialties; and topical compounded drugs. In a Utilization Review Report dated September 16, 2013, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In an April 25, 2014 progress note, the applicant presented with persistent complaints of low back pain, 6/10. The applicant was given renewal prescriptions for a flurbiprofen- containing cream, a Ketoprofen-containing cream, and a Gabapentin-containing cream. Permanent work restrictions were endorsed. No rationale for selection of these particular agents was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIPROFEN 20% GEL, 120GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as the flurbiprofen- containing gel at issue here. No rationale for selection and/or ongoing usage of this particular agent was provided. Therefore, the request is not medically necessary.

**KETOPROFEN 20% / KETAMINE10# GEL, 120GM:** 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): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Guidelines, Ketoprofen, the principal ingredient in the compound, is specifically deemed 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 Guidelines. Therefore, the request is not medically necessary.

**GABAPENTIN 10% / CYCLOBENZAPRINE105 / CAPSAISIN 0.0375%, 120GM:**  
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:** As noted on page 113 of the MTUS Chronic Pain Guidelines, both Gabapentin and Cyclobenzaprine, muscle relaxants, are specifically deemed 'not recommended' for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.