

<b>Case Number:</b>	CM13-0035005		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/15/2001
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 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 67-year-old female who reported a work related injury on 01/05/2005 as a result of a fall. Clinical note dated 08/27/2013 reports the patient was seen under the care of [REDACTED] for treatment of the following diagnoses: cervical degenerative disc disease, cervical facet arthropathy, cervical radiculopathy, right shoulder internal derangement, bilateral shoulder pain, lumbar degenerative disc disease, anterolisthesis L4-5, foraminal narrowing bilaterally at L4-5, lumbar radiculopathy with foraminal narrowing at L4-5. The provider documents the patient reports her rate of pain at 8/10 without medication, 6/10 to 7/10 with medications. Provider documents the patient has utilized the following compounded: Ketoprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor, which the patient applies a thin layer twice a day to the bilateral shoulders and reports it is effective for her pain complaints. On physical exam of the patient, the provider documented shoulder abduction was about 120 degrees associated with discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, in UL 30mg with 2 refills Qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The current request is not supported. Chronic Pain Medical Treatment guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Chronic Pain Medical Treatment Guidelines does not support applications of muscle relaxants, Ketoprofen or Menthol or components of Capsaicin at 0.0375%. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all the above the request for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, and Camphor 1% is not medically necessary or appropriate.

**Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.035%, Menthol 2%, Camphor 1% in UL 120mg with 2 refills Qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The current request is not supported. Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Chronic Pain Medical Treatment Guidelines does not support applications of muscle relaxants, Ketoprofen or Menthol or components of Capsaicin at 0.0375%. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all the above the request for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, and Camphor 1% is not medically necessary or appropriate.