

Case Number:	CM13-0048166		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2008
Decision Date:	04/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 patient is a 36 year old male with date of injury of 06/25/2008. The listed diagnoses per [REDACTED] dated 09/17/2013 are status post bilateral shoulder decompression, doing well, internal derangement, right knee by MRI findings and physical examination, candidate for arthroscopy, disc desiccation, collapse and protrusion with borderline stenosis, L3-L4 and L4-L5 candidate for epidural steroid injection, status post right knee arthroscopy, 02/22/2013 by [REDACTED], left shoulder tendinosis and right knee tendinitis. According to the progress report dated 09/17/2013 by [REDACTED], the patient complains of constant neck pain. He rates his pain 7/10 radiating to the bilateral upper extremities associated with numbness and tingling in the bilateral hands. He also complains of mid back and low back pain radiating to his bilateral lower extremities with numbness and tingling. The patient also reports bilateral shoulder, right knee, and left heel pain. Findings show orthopedic testing is negative in the right knee. Lower extremity motor strength reveals mild weakness in the right quadriceps and bilateral extensor hallucis longus and peroneus longus muscle groups at 4/5. There are diminished sensory findings at L5 and S1 dermatomes with all remaining dermatomes intact. The provider is requesting a retrospective request for compound cream Flurb/Ethoxy; Keta/Keto/Ethoxy; Gaba/Cyclo/Caps/Citric/Ethoxy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR FLURB/ETHOXY; KETA/KETO/ETHOXY;
GABA/CYCLO/CAPS/CITRIC/ETHOXY: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Medications Page(s): 112-113.

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

Decision rationale: This patient presents with chronic pain in multiple systems. The provider is requesting a retrospective request for compound cream Flurb/Ethoxy; Keta/Keto/Ethoxy; Gaba/Cyclo/Caps/Citric/Ethoxy. The California MTUS guidelines page 111 states for Topical Analgesics states, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Gabapentin, Ketoprofen and Cyclobenzaprine are not recommended as a topical compound per MTUS. Therefore, recommendation is for denial.