

<b>Case Number:</b>	CM13-0050849		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 knee, shoulder, foot, and ankle pain reportedly associated with an industrial injury of January 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and extensive periods of time off of work. The applicant has failed to return to his former work as a lifeguard, it is noted, owing to a variety of orthopedic and cardiac conditions, it is alleged. In a utilization review report of October 23, 2013, the claims administrator denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. It is noted that the applicant did have issues with atrial fibrillation requiring cardioversion on July 2, 2013. However, the applicant was described on July 18, 2013, as employing a variety of oral medications, including Xarelto, Cardizem, and flecainide for his cardiac issues. A medical-legal evaluation of August 8, 2013, suggests that the applicant is off of work, on total temporary disability. On June 4, 2013, the attending provider issued a variety of oral pharmaceuticals and topical compounds, including Flexeril, Prilosec, tramadol, and Medrox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOP/LIDOC/CAP/TRAM LIQ, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, one of the ingredients in the compounds here, is specifically not recommended for topical compound formulation purposes, resulting in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, while the applicant's issues with atrial fibrillation have impacted medication choice, this particular compound proposed is not certified on the grounds that one or more ingredients in the compound carries an unfavorable recommendation in the MTUS.

**FLUR/CYCLO/CAPS/LID, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are specifically not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound, cyclobenzaprine, is a topical compound. Again, while it is acknowledged that the applicant's issues with atrial fibrillation have impacted the analgesic medication choice, in this case, the compound in question carries an unfavorable recommendation in the MTUS owing to the fact that one or more ingredients in the compound are not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise non-certified, on independent medical review.