

<b>Case Number:</b>	CM13-0054720		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology, and is licensed to practice in Florida. 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 injured worker is a 70-year-old female with a date of injury of 07/08/2005; the mechanism of injury was a lifting injury. The injured worker was seen on 07/10/2013 with objective complaints of continued problems with her back. The provider indicated transdermal creams were great help to the injured worker. It was noted the injured worker reported her stomach was still a little bit problematic, but medications help. There was a minimal examination completed at this office visit. The injured worker had diagnoses including acute gastritis, and hypertension, unspecified. The injured worker's medication regimen included Altace 25 mg 1 capsule daily, and Axid 1 capsule twice daily. The physician did note as part of the treatment plan, that the injured worker was stable from a medical perspective. The physician requested refills of the injured worker's transdermal creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND KETO/LIDO, DISPENSED ON JUNE 28, 2013: 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketoprofen which is a nonsteroidal anti-inflammatory agent is not recommended due to efficacy and clinical trials which have been inconsistent. The documentation provided does not support the need for this cream, and since Ketoprofen is not recommended by the MTUS Chronic Pain Guidelines, the entire compounded cream is not recommended. Therefore, the request is not medically necessary and appropriate.

**COMPOUND GABA/KETO/CYCLO, DISPENSED ON JUNE 28, 2013:** 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS Chronic Pain Guidelines state Gabapentin is not recommended for topical use. There is no peer-reviewed literature to support use. Ketoprofen is not recommended due to efficacy. Cyclobenzaprine is a muscle relaxant. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. There was no objective functional improvement from the use of the transdermal cream documented by the physician. The documentation provided was lacking support of the need for this topical analgesic for the injured worker. There was a lack of documentation of the exact back problem the injured worker was having, and no numerical or pain assessment completed in the documentation to support use. Therefore, the request is not medically necessary and appropriate.