

<b>Case Number:</b>	CM13-0061817		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Neurology 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 Injured Worker (IW) is a 51 year old female with generalized wrist pain from an injury of non-disclosed cause acquired between 7/8/1996 to 9/29/2000. A Primary Treating Physician's Re-evaluation and Progress Report dated 9/11/13 indicates the IW is status post right carpal tunnel release and presents with complaints of persistent pain in the right upper extremity with numbness and tingling. A request for two topical compounded agents was received on 10/30/13: Ketoprofen/Lidocaine/Capsaisin/Tramadol 15% 0.012% liquid #120 and Cyclobenzaprine 2%/Capsaisin 0.0125%/Lidocaine 1%/HETOP 10% cream #120. The requests were non-certified in a utilization review dated 11/12/2013. (Note: the previous reviewer assumes that HETOP refers to the agent Ketoprofen. That assumption is continued in this review.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOP/LID/CAP/TRAM 15% 0.012% LIQUID #120 1 REFILL X 30 DAYS:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that topical compounded analgesics cannot be recommended when any one component drug agent (or class of drugs) included in the compound is itself not recommended. As the requested Ketoprofen/Lidocaine/Capsaicin/Tramadol compounded liquid contains lidocaine in a preparation other than the FDA-approved patch formulation, the compound cannot be recommended. Only FDA-approved lidocaine products are currently recommended. Ketoprofen is not currently FDA approved for topical applications. Capsaicin is not recommended unless the patient has not responded or is intolerant to other treatments, which has not been indicated in the medical report provided.

**CVCLO2% /CAPS 0.0125%/LID 1%/HETOP 10% CREAM #120 X 30 DAYS:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that topical compounded analgesics cannot be recommended when any one component drug agent (or class of drugs) included in the compound is itself not recommended. As the requested Cyclobenzaprine /Capsaicin/Lidocaine/HETOP (ketoprofen) compounded cream contains lidocaine in a preparation other than the FDA-approved patch formulation, the compound cannot be recommended. Only FDA-approved Lidocaine products are currently recommended. Cyclobenzaprine is a muscle-relaxant. The MTUS indicates there is no evidence for its use as a topical formulation. Ketoprofen is not currently FDA approved for topical applications. Capsaicin is not recommended unless the patient has not responded or is intolerant to other treatments, which has not been indicated in the medical report provided.