

<b>Case Number:</b>	CM13-0062780		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 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 applicant has filed a claim for chronic elbow and shoulder pain, reportedly associated with an industrial injury of July 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; long and short-acting opioids; prior shoulder arthroscopy; and extensive periods of time off of work. The applicant has apparently not worked since late 2011. In a utilization review report of November 26, 2013, the claims administrator denied a request for a topical compound. The applicant's attorney subsequently appealed. An earlier note of April 1, 2013 is notable for comments that the applicant is using a variety of oral pharmaceuticals, including Naprosyn, Intermezzo, Oxycodone, Celebrex, and Norco, in addition to Butrans patches. In a November 26, 2013 emergency department note, the applicant presented to obtain medication refills. The applicant was described using diclofenac and Celebrex, among other things, and was seemingly discharged on clonidine, Ativan, and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN POWDER/ CYCLOBENZAPRINE HCL POWDER/ CAPSAICIN POWDER/ MENTHOL CRYSTAL/ CAMPHOR CRYSTAL/PCCA LIDODERM 120GM BASE 10%/3%/0.0375%/2%/1% DOS 10/28/2013: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that neither ketoprofen nor cyclobenzaprine is recommended for topical compound formulation purposes. The unfavorable recommendations on these two ingredients results in the entire compound's unfavorable recommendation. The guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It further appears that the applicant's successful usage of first-line oral pharmaceuticals effectively obviates the need for the topical compound in question. Therefore, the request is not certified, on independent medical review.