

<b>Case Number:</b>	CM13-0063835		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 patient is a [REDACTED] Employee, who has filed a claim for pain to the neck, back, shoulders, elbows, and wrists associated with an industry injury of December 01, 2012. Thus far, the patient has been treated with NSAIDs, physical therapy, elbow support, and right shoulder, wrist, deQuervain's steroid injections. In a utilization review report of February 04, 2014, the claims administrator denied a request for compounded Ketoprofen Cyclophene and oral suspension Synapryn/Tabradol/Depirizine/Dicopanol/Fanatrex as compound delivery systems are not FDA approved. Review of progress notes show continued pain symptoms of both shoulders, both elbows, both wrists, right thumb, and mid to upper back. There are findings suggesting impingement or rotator cuff tendonitis for both shoulders. Patient has elevated rheumatoid factor levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS-COMPOUNDED CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112-113.

**Decision rationale:** As noted on page 112-113 of the Chronic Pain Medical Treatment Guidelines, Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, the request does not indicate the specific medications or compounds. Therefore, the request for compounded cream was not medically necessary per the guideline recommendations of MTUS.