

<b>Case Number:</b>	CM13-0065229		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, has a subspecialty in Pain 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 62-year-old female who has submitted a claim for cervicalgia, lumbar sprain/strain, and muscle spasm, back status post cervical fusion C3-C6 associated with an industrial injury date of March 25, 2013. Medical records from 2013 were reviewed. The patient has low back pain radiating down on both legs and numbness on both feet. There was also noted neck pain, intermittent with spasms on specific movement and bending. Physical examination revealed neck muscle tenderness at the paracervical and trapezius. There is restricted range of motion on flexion, extension, lateral flexion and lateral rotation. The examination of the back showed restricted range of motion on extension, lateral flexion, and lateral rotation. Straight leg raise test was positive on both sides. Motor and sensory examination was normal. Official reports of imaging studies were not available. Treatment to date has included medications, chiropractic therapy, physical therapy, acupuncture, activity modification, and right wrist and cervical spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO-LIDO-ULTREA CREAM BID PRN 240GM 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. Regarding Lidocaine, formulations in creams, lotions, or gels are not recommended for topical applications. In this case, there was no previous use of this compounded topical medication. There is no rationale for the need for a topical compounded cream versus first-line pain medications. There were no reports of intolerance or failure of oral medications. The components of this compounded medication are not recommended for topical use. Therefore, the request for Keto-Lido-Ultra cream BID prn 240gm 1 refill is not medically necessary.