

Case Number:	CM13-0065595		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2006
Decision Date:	05/19/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 57 year-old male who was injured on 5/2/06. He has been diagnosed with s/p lumbar fusion with residual pain; lumbar sprain; s/p right inguinal hernia repair. According to the 11/6/13 orthopedic report from [REDACTED], the patient presents with 5-7/10 low back pain with numbness and tingling in the bilateral lower extremities; and residual 3/10 groin pain from right inguinal hernial repair. [REDACTED] recommends compounded topical creams with ketoprofen and cyclobenzaprine. On 12/2/13, UR denied these.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20% PLO GEL, 120GMS: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/6/13 orthopedic report from [REDACTED], the patient presents with 5-7/10 low back pain with numbness and tingling in the bilateral lower extremities; and residual 3/10 groin pain from right

inguinal hernial repair. I have been asked to review for a compounded topical containing ketoprofen. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states that Ketoprofen is not FDA approved for topical applications. Therefore any compounded product that contains Ketoprofen is not medically necessary.

COMPOUNDED CYCLOPHENE 5% PLO GEL, 120GMS: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 11/6/13 orthopedic report from [REDACTED], the patient presents with 5-7/10 low back pain with numbness and tingling in the bilateral lower extremities; and residual 3/10 groin pain from right inguinal hernial repair. I have been asked to review for the compounded topical Cyclophene. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical compound Cyclophene is reported to contain cyclobenzaprine, a muscle relaxant. MTUS discusses topical muscle relaxants noting a study on baclofen, but states: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The use of Cyclophene is not in accordance with MTUS guidelines.