

<b>Case Number:</b>	CM13-0069584		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 07/24/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with joint pain/forearm. The patient's symptoms include neck and low back pain. The patient also had left upper extremity pain. Examination of the left upper extremity revealed tenderness at the left carpal tunnel release and cubital tunnel release scar. There was also noted to be pain with terminal flexion and a weak grip. ∂∂

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL COMPOUNDED DRUG:**

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): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use, with few, randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. While the guidelines support the use of Lidocaine for neuropathic pain, Ketoprofen is not currently FDA approved for a topical application due to extremely high incidents of photocontact dermatitis. As the requested medication is a compounded product that contains at least 1 drug that is not recommended, the request is non-certified. Given the above, the request for Ketop/:Lidoc/cap/tram (15%/1%/0.012%/5%) # 60 is non-certified.

**FLURBIPROFEN/CYCLOBENZAPRINE/CAPSAICIN/LIDOCAINE COMPOUNDED DRUG:** 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): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use, with few, randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation submitted for review failed to provide evidence of the need for a combination topical analgesic. In addition to that, formulations of capsaicin are generally available as a 0.025% formulation and a 0.075% formulation; therefore, the request for the compounded medication including capsaicin 0.0125% is not supported. As the requested medication is a compounded product that contains at least 1 drug that is not supported, the request is not supported. Given the above, the request for compounded flur/cyclo/caps/lid (10%/2%/0.125%/1%) #120 is non-certified.