

<b>Case Number:</b>	CM14-0000489		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/19/2008
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Orthopedic Surgery and is licensed to practice in California, Texas and Tennessee. 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 injured worker is a 68-year-old female who was injured on April 19, 2008. Mechanism of injury is not specified. The most recent clinical document furnished for this review is dated June 24, 2013. This document is a supplemental report with a review of previous treatments. It appears an examination was performed and demonstrated no sensory motor deficit, no loss of muscle strength, and diminished but equivalent bilateral lower extremity reflexes. A previous MRI from May 12, 2012 is documented as demonstrating multiple disc herniations of the lumbar spine. The utilization review in question was rendered on December 11, 2013. The request for the below noted topical compound cream was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS KETOPROFEN 10% - CYCLOBENZAPRINE 3% - LIDOCAINE HCL 5% - PCCA LIPODERM BASE DOS: 2-8-12:** Upheld

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

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

**Decision rationale:** The MTUS notes that topical analgesics are largely experimental and recommended only for the management of neuropathic pain after first-line medications fail. Additionally, the MTUS specifically recommends against the use of topical muscle relaxants and Ketoprofen. As such, the requested compound is considered not medically necessary.