

<b>Case Number:</b>	CM14-0005020		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back, neck, and wrist pain reportedly associated with cumulative trauma at work first claimed on August 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical compounded drugs. In a July 17, 2013 progress note, the applicant was described as working regular duty despite ongoing complaints of neck pain, low back pain, shoulder pain, knee pain, and right foot drop. The applicant's medication was not provided on that occasion. In an earlier note of June 5, 2013, the applicant was described as using a variety of oral pharmaceuticals, including Flexeril, Naprosyn, Zofran, Imitrex, and Prilosec. It was not clearly stated when the topical compounds in question were furnished, as the attending provider did not make a point of detailing the applicant's medication list from visit to visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 15%/LIDOCAIN 1%/CAPSAICIN 0.012%/ TRAMADOL 5% 120 ML WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the principle ingredient in the compound here is specifically deemed not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Naprosyn, Zofran, Flexeril, Imitrex, etc. effectively obviates the need for the ketoprofen containing topical compound. Therefore, the request for Ketoprofen 15%/Lidocain 1%/Capsaicin 0.012%/ Tramadol 5% 120 ML with 2 refills is not medically necessary.

**FLURBIPROFEN 10%/CYCLOBENZAPRINE 2%/CAPSAICIN 0.125%/LIDOCAIN 1%, 120 ML WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 113 of MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound, cyclobenzaprine, is a muscle relaxant. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other topical compound, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Naprosyn, Flexeril, etc. effectively obviates the need for the largely experimental topical compound in question. Therefore, the request for Flurbiprofen 10%/Cyclobenzaprine 2%/Capsaicin 0.125%/Lidocain 1%, 120 ML with 1 refill is not medically necessary