

<b>Case Number:</b>	CM14-0104136		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 claimant was injured on 02/08/11. Compound topical medication is under review. A note dated 12/19/13 by [REDACTED] states that the surgeon wanted to operate on his shoulder. He was using Vicodin, Voltaren gel, MS Contin, and ibuprofen. There were arthritic changes in the left shoulder and pain on range of motion. On 02/20/14, he saw [REDACTED] and he was postponing surgery. He still had much pain. He wanted refills of his Vicodin and MS Contin. He was given MS Contin and started on Norco. Ibuprofen, Vicodin, and Voltaren gel were discontinued. On 04/17/14, he saw [REDACTED]. He had increased pain with the decreased Tylenol in Norco and the topical was helpful. He had increased pain throughout. He stated his pain was bad since the last visit. He had 8/10 pain in the left knee and a 7/10 pain in the right knee. He had difficulty with sleep. He is status post bilateral knee surgeries in 2011 and 2012. He has tried PT, TENS, heat and ice treatment. His medications included Norco and MS Contin. He was to continue his medications with changes which are not described and was given topical cream. On 05/28/14, there is a note that indicates he had a prescription for hydrocodone and morphine. He was also told by [REDACTED] that he could have a prescription for ketoprofen cyclobenzaprine lidocaine topical cream. He had not received the cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Drug- includes Ketaprofen Pow, Lidocaine Pow, Cyclobezapr Pow, Sterile Water SOI, Ethoxy Ethnl Liq, Versatile Cr: 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): 143.

**Decision rationale:** The history and documentation do not objectively support the request for compound drug including ketoprofen pow, lidocaine pow, cyclobenzaprine pow, sterile water SOI, ethoxy ethinyl liquid, versatile cream. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004).... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " There is no evidence of failure of all other first line drugs and he has received refills of his oral medications at the same time.. Topical ketoprofen is not FDA-approved due to potentially serious side effects and topical cyclobenzaprine is not recommended. Topical lidocaine is only recommended by MTUS in the form of Lidoderm patch. The medical necessity of this request has not been clearly demonstrated.