

<b>Case Number:</b>	CM14-0104760		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 02/04/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 01/07/2014 indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder: positive tenderness at the distal clavicle, acromioclavicular (AC) joint, limited range of motion with pain, positive impingement, normal sensation the light touch, and distal pulses intact. A previous x-ray of the left shoulder revealed healed fracture, but still has pain due to poor alignment of the AC joint. The previous treatments include previous left shoulder surgery, medications, steroid injections, and physical therapy. A request had been made for Compound cream: Ketoprofen 5%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2% and possibly Menthol and was not certified in the pre-authorization process on 6/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: Ketoprofen 5%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2% and possibly Menthol, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Anti-Spasmodics; Lidocaine Indication; and Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** The MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. After reviewing the medical documentation provided I was unable to determine any documented failure first-line treatments. As such, this request is not considered medically necessary.