

<b>Case Number:</b>	CM14-0011201		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 patient is a 62-year-old female with a 04/10/2012 date of injury. A specific mechanism of injury was not described. 1/10/14 determination was non-certified given that the efficacy and safety of topical analgesic is not established. 2/20/14 medical report identifies right shoulder pain and lack of mobility. Exam was consistent with adhesive capsulitis. There was also chronic neck pain aggravated by ongoing right shoulder problem. Neck revealed decreased range of motion with pain. Shoulder revealed limited range of motion. 1/31/14 supplemental panel QME identified significant pain and limitation of the right shoulder range of motion. Constant neck pain and right arm pain with the use of the arm. When she favors the right arm, the lymphedema in the left arm got worse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Ketoprofen, Bacloen, Cyclobenzaprine, Gabapentin, Lidocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; state that ketoprofen, lidocaine (in creams, lotion or gels) Page(s): 111-113; 112-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Baclofen and other muscle relaxants, and

Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for compound cream Ketoprofen, Baclofen, Cyclobenzaprine, Gabapentin, Lidocaine is not medically necessary and appropriate.