

<b>Case Number:</b>	CM14-0014421		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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:

This is a 48-year-old female patient with a 9/10/08 date of injury. She sustained a cumulative injury, which caused the pain in her neck, in the left shoulder, and the lower back. A 12/23/13 progress report indicated that the patient complained of burning radicular neck pain associated with numbness and tingling 5-7/10, and burning in the left shoulder pain 5-7/10. The patient was status post left shoulder arthroscopy. She also complained of radicular pain in the lower back, 5-7/10. She stated that her pain was persisting, but the medications, creams, and patches were effective for temporary pain relief. Objective findings demonstrated tenderness over cervical spine, left shoulder and lumbar spine muscles with decreased range of motion. She was diagnosed with cervical radiculopathy; status post left shoulder arthroscopy with residual pain, and lumbar radiculopathy. Treatment to date: medication management, topical creams and patches. There is documentation of a previous 1/23/14 adverse determination. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUNDED KETOPROFEN 20% IN PLO GEL 120 GRMS/COMPOUNDED CYCLOPHENE 5%IN PLO GEL: 120 GM: 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:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, 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. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The patient presented with constant pain in her neck, left shoulder and lower back. In addition, there was no evidence of objective long-term pain relief or functional gains following topical medication. There is no specific rationale provided as to why this patient needs the topical compound cream despite lack of guidelines support. Therefore, the request for compounded Ketoprofen 20% in plo gel 120 grms/compounded Cyclophene 5% in plo gel: 120 gm is not medically necessary.