

<b>Case Number:</b>	CM14-0015634		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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:

This is a 55-year-old male with a 12/29/11 date of injury after lifting heavy sheet of plywood inuring his low back. The patient was seen on 12/23/13 (hand written and partially illegible) with complaints of back pain. It is noted the employer is able to accommodate the patient's with difficulty rising from a seated position, and antalgic gait favoring the right lower extremity. The patient's medication was noted to be helping with regard to pain. The diagnosis is multilevel lumbar disc dessication with disc bulge, possible annular fissure at L4/5 and facet arthropathy at L4/5 and L5/S1. An EMG of the lower extremities was noted to be consistent with a chronic right L5 radiculopathy. Treatment to date: physical therapy, medication management, ESI, electrical stimulation, chiropractic treatments. A UR decision dated 1/13/14 denied the request for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATIONS CYCLO-KETO-LIDO ULTRACREAM:** 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 anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. This topical compound cream contains topical ketoprofen, cyclobenzaprine, and lidocaine, none of which are approved for topical use in a cream or gel formulation. In addition, there is no discussion regarding quantified decrease in pain on VAS, or functional gains with use of this medication. Therefore, the request for compounded medications cyclo-keto-lido ultracream was not medically necessary.