

<b>Case Number:</b>	CM14-0017529		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 67-year-old male with a reported date of injury on 10/15/2007. The injury reportedly occurred when the injured worker fell off a ladder. His diagnoses were noted to include persistent symptomatic chronic full thickness traumatic rotator cuff tear, impingement syndrome and distal clavicle arthrosis. His previous recent treatments were noted to include surgery, physical therapy, and pain medications. The physical examination revealed the injured worker was well-developed and well-nourished and he did not require the use of assistive devices for ambulation and was not using orthosis on the upper and lower extremities. The injured worker was able to perform heel/toe walk and to perform 75% of a squat. The cervical and lumbar range of motion testing revealed diminished range of motion to the cervical and lumbar spine. The provider reported a right straight leg raising as well as a positive Patrick test on the right. The injured worker does have positive impingement sign and positive cross arm adduction test. The neurological examination of the bilateral upper extremities showed light touch and pinprick in all dermatomes are intact. The neurological examination of the bilateral lower extremities showed 5/5 motor strength and equal deep tendon reflexes. The injured worker complained of constant sharp pain in the cervical and lumbosacral spine with no radiation into the upper and lower extremities and no clinical signs of radiculopathy. The objective findings included muscle spasms and guarding in both the cervical and lumbosacral spine. The Request of Authorization dated 08/22/2013 is for cyclobenzaprine 3%/ketoprofen20%/lidocaine6.15% ultra cream, apply a thin layer to affected area twice daily, dose 6 hours apart than withhold for 12 hours, however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST: ONE COMPOUNDED CYCLO-KETO-LIDO CREAM BETWEEN 1/6/2014 AND 2/20/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The prospective request: one compound cyclo-keto-lido cream between 1/6/2014 and 2/20/2014 is not medically necessary. The cream is compounded of cyclobenzaprine 3%/ketoprofen 20% and lidocaine 6.15%. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines further recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines state that lidocaine is indicated for neuropathic pain. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. The guidelines also state there is no evidence for use of any muscle relaxant as a topical product. The guidelines also state ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The guidelines do not recommend any other formulation of lidocaine as the Lidoderm patch, or the use of any muscle relaxant as a topical product, or the use of ketamine except in cases of chronic regional pain syndrome and postherpetic neuralgia. The guidelines also state in a compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore, the request is not medically necessary.