

<b>Case Number:</b>	CM14-0018900		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Family Practice and is licensed to practice in Texas. 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 40-year old female who reported an injury on 10/18/2012 after a slip and fall. The injured worker's treatment history included multiple medications, physical therapy, acupuncture, cervical facet blocks, and activity modifications. The injured worker was evaluated on 12/20/2013. It was documented that the injured worker had cervical spine pain beginning into the left upper extremity and the injured worker complained of 4 to 5 headaches per day. The physical examination was provided during the appointment. The injured worker's diagnoses included chronic headaches without loss of consciousness, and cervical spine pain secondary to disc herniation. The injured worker's treatment plan included cervical spine physical therapy and medications to include cyclo/keto/lido cream, diclofenac, Motrin 800 mg, and Prilosec 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATION: CYCLO/KETO/LIDO CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED PRODUCT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has continued cervical spine pain. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in this formulation. California Medical Treatment Utilization Schedule does not support the use of ketoprofen or Lidoderm in a topical formulation as they are not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not recommended. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested compound medication cyclo/keto/lido cream is not medically necessary or appropriate. Also, the request as it is submitted does not provide a quantity, duration of treatment or appropriate body part. In the absence of this information and the guideline evidence, the compounded medication of cyclo/keto/lido cream is not medically necessary or appropriate.