

<b>Case Number:</b>	CM14-0120000		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for brachial neuritis, shoulder pain, neck pain, low back pain, carpal tunnel syndrome, and cubital tunnel syndrome reportedly associated with an industrial injury of June 11, 2007. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds, an earlier shoulder surgery; earlier elbow cubital tunnel decompression surgery; earlier carpal tunnel release surgery; and earlier cervical fusion surgery. In a utilization review report dated July 3, 2014, the claims administrator denied a topical compounded ketoprofen-containing cream. The injured worker's attorney subsequently appealed. In a June 4, 2014, medical-legal evaluation, the injured worker reported multifocal shoulder, elbow, wrist, hand, and low back pain complaints. The injured worker's medication list was not discussed on this occasion. In a September 5, 2014 progress notes, the injured worker again reported persistent complaints of neck and mid back pain, 5-7/10; however, there was no explicit discussion of medication selection or medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop/Lidoc/Cap/Tram 15%/1%/0.012/5% Liq #60 with 1 refill:** 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): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In addition, it is not clearly stated if the injured worker has failed first-line oral pharmaceuticals. Therefore, the request is not medically necessary.