

<b>Case Number:</b>	CM14-0123102		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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:

According to the records provided, there was an 8-4-14 request for IMR. The services that were denied or modified were reported to be the Naproxen 550 mg, Number 60, and Ket-Lido cream, 240 gm. The patient is described as a 37 year old female injured on 3-6-14. There was pain to the neck due to placing price tickets on shirts, and folding them. There was right shoulder and upper back pain rated 6-8 out of 10. Medicine and chiropractic were tried. There was also bilateral wrist severe pain is present, right more than left, and it is sharp and achy. It is worse with repetitive activity. The injury was in March 2014. The Naproxen was actually certified, 550 mg #60, and the Ket-Lido cream 240 gm was non certified. The electrodiagnostic report showed no cervical radiculopathy. Many of the Southland Spine and Rehabilitation Center were handwritten, and not reliable legible. Several FCE reports were provided. On the First Report, the patient noticed pain in the right shoulder and wrists sometime in 2-14, but did not think much of it; she continued working and it became intense on 3-6-14. The diagnoses were right cervical spine radiculitis, bilateral de Quervain's tenosynovitis syndrome, and bilateral wrist strain right more than left. There was a right shoulder strain, and a thoracic myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ket-Lido cream 240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** According to the California MTUS, topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for patient medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. 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. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this patient's case for specific goals. The request for Ket-Lido cream 240gm is not medically necessary.