

<b>Case Number:</b>	CM14-0136694		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Emergency Medicine 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 female with an unknown date of birth who reported an injury on 09/15/2010. The mechanism of injury was not provided with the review. Her diagnosis was noted to be cervical C5-6 disc protrusion, cervical radiculopathy, cervical myofascial spasm, and pain syndrome. The injured worker had prior treatments of therapy and medications. She was noted to have diagnostic image studies. Pertinent surgical history included right carpal tunnel release. A clinical examination on 02/28/2014 noted the injured worker with subjective complaints of neck and arm pain with numbness and tingling. The physical examination revealed limited cervical range of motion in most directions with palpable myofascial spasms along the base of the neck. She had full range of motion in the shoulders, elbows, and wrists with full stability. Her strength was 4+/5 grip strength bilaterally. Neurologically, she had 1/2 sensation along the upper extremity in the generalized distribution, it was non-dermatomal. On the left side, she had full 2/2 sensation. She did have mild diminished reflexes along the triceps tendon and right brachioradialis. On the left side, her triceps tendon was also mildly diminished at 2/4 with a negative Spurling's. The treatment plan was for exhausted and completed conservative management. The rationale for the request was not noted within the treatment plan. A Request for Authorization form was also not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 COMPOUND MEDICATION (DICLOFENAC, KETOPROFEN, LIDOCAINE, DIMETHYL SULFOXIDE SOLUTION, ETHOXY DIGLYCOL LIQUID, PCCA CUSTOM CREAM) 240 GRAMS: 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): 111-112.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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 compounded cream in question contains ketoprofen. Ketoprofen is not approved by the FDA for topical use. According to the Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, the provider's request fails to provide a frequency of dosage. Therefore, the request For 1 Compound Medication (Diclofenac, Ketoprofen, Lidocaine, Dimethyl Sulfoxide Solution, Ethoxy Diglycol Liquid, PCCA Custom Cream) 240 Grams is not medically necessary.