

<b>Case Number:</b>	CM14-0168762		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, hip pain, knee pain, and groin pain reportedly associated with an industrial injury of July 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical compounded medications; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for topical compounded cyclobenzaprine-ketoprofen-lidocaine cream. The applicant's attorney subsequently appealed. In a May 21, 2014 progress report, it was acknowledged the applicant was using Excedrin for pain relief. In a progress note dated July 7, 2014, the applicant was given work restrictions which were resulting in his being removed from the workplace, it was acknowledged. 4 to 6/10 low pain and knee pain were noted. The applicant was asked to consult a general surgeon for his hernia. Naprosyn, tramadol, and the cyclobenzaprine-ketoprofen-lidocaine cream at issue were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Cyclo-Keto-Lido cream, #240gm with 1 refill: Upheld**

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

**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, one of the primary ingredients in the cream, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that injured worker's ongoing usage of first line oral pharmaceuticals, including Naprosyn and Tramadol is effective. Therefore, the request is not medically necessary.