

<b>Case Number:</b>	CM14-0168783		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/17/2014
<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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 07/19/2010. The date of the utilization review under appeal is 09/17/2014. A PR-2 report of 05/30/2014 in the chart is illegible and essentially completely unusable. There are no legible physician notes available in the chart. An initial physician review of 09/17/2014 interprets a physician note of 05/30/2014 as describing constant pain in the lumbar spine, left ankle, left foot, and left shoulder with tenderness in the affected areas and decreased range of motion. That review concluded that there was no proven efficacy of the requested compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop 15 percent/Lidoc 1 percent/Cap 0.012/Tram 5 percent #60:** 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): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, pages 111-113, states that component ingredient ketoprofen in this case is not recommended for topical use due to an FDA

advisory against its use. Moreover, this guideline recommends that medical records should document the rationale and proposed mechanism of action of each proposed ingredient, which has not been done in this case. For these multiple reasons, the medical records and guidelines in this case do not support an indication for this requested compounded topical product. This request is not medically necessary.