

<b>Case Number:</b>	CM14-0178238		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 made available for review, this is a 56-year-old female with a 2/21/11 date of injury. At the time (9/25/14) of the Decision for Retrospective: Keto 10%/ Cycloben 3%/ Lido 5% and Flurbi 10%/ Caps 0.025%/ Menth 3%/ Camphor 1%, there is documentation of subjective (low back pain) and objective (decrease range of motion, positive straight leg raising test, and tenderness over the paraspinal muscles findings, current diagnoses (low back sprain/strain and herniated lumbar disc), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Keto 10%/ Cycloben 3%/ Lido 5% and Flurbi 10%/ Caps 0.025%/ Menth 3%/ Camphor 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 210 Revision, Web Edition, Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any

compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of low back sprain/strain and herniated lumbar disc. However, Keto 10%/ Cycloben 3%/ Lido 5% and Flurbi 10%/ Caps 0.025%/ Menth 3%/ Camphor 1%, contains at least one component (Ketoprofen, Cyclobenzaprine, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective: Keto 10%/ Cycloben 3%/ Lido 5% and Flurbi 10%/ Caps 0.025%/ Menth 3%/ Camphor 1% is not medically necessary.