

<b>Case Number:</b>	CM14-0023337		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 54-year-old female with a date of injury 11/15/10. Per the treating physician's report dated 12/2/13, the patient presents with chronic low back pain, and following her injury, patient has had approximately 24 sessions of both physical therapy and acupuncture, and was provided with Vicodin and Flexeril. The patient also underwent an MRI of the lumbar spine, EMG/NCS, and 3-4 sessions of aquatic therapy. She then began to experience stress, anxiety, and depression due to physical limitations. She had a lumbar epidural steroid injection in 2011. Current complaints are moderate to severe pain in her low back, at 4/10 to 8/10. Pain radiates into the buttocks, right more than left, and to the back of the thighs. The listed diagnosis is degenerative disk disease (right more than left) with lower extremity radiculopathy. The recommendation was for chiropractic therapy, Norco, and Cyclobenzaprine/Ketoprofen/lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE/KETOPROFEN/LIDOCAINE CREAM (CYCLO/KETO/LIDO):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The MTUS Guidelines have very specific discussions regarding topical creams. In particular, when compounded creams are used, all of the components must be indicated. If one of the components is not indicated, the entire compound is not recommended. In this case, Cyclobenzaprine and Ketoprofen are not recommended for any sort of topical formulation, and lidocaine is only recommended in a patch formulation, not creams, ointments, or other formulations. As such, the request is not medically necessary.