

Case Number:	CM14-0026403		
Date Assigned:	06/13/2014	Date of Injury:	01/26/2012
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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:

The patient is a 48 year-old female with a 1/26/2012 date of injury. She has been diagnosed with cervical sprain; thoracic sprain; lumbar sprain; bilateral shoulder sprain; GI upset; sleep disturbance; stress, anxiety and depression. The IMR application shows a dispute with the 1/31/14 UR decision against a compound topical cream, Cyclo-Keto-Lido cream. According to the 1/23/14 psychiatry report from [REDACTED], the patient presents with neck pain that radiates to the shoulders and arms, as well as mid back and low back pain that radiates down both legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: CYCLO-KETO-LIDO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation N/A.

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

Decision rationale: According to the 1/23/14 psychiatry report from [REDACTED], the patient presents with neck pain that radiates to the shoulders and arms, as well as mid back and low back pain that radiates down both legs. The request is for the compounded topical: Cyclo-Keto-Lido

cream. This contains cyclobenzaprine, ketoprofen and lidocaine. The compound contains ketoprofen. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states Ketoprofen is not FDA approved for topical applications. Therefore any compounded product that contains Ketoprofen is not recommended.