

<b>Case Number:</b>	CM14-0026994		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/09/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 injured worker is a 61-year-old male who reported an injury on 01/09/2009 due to being hit by a moving forklift. On 09/09/2013, the injured worker presented with headaches, left hand and finger pain, and left foot pain. Upon examination of the left foot, there was stiffness noted of the 4th and 5th toes, motor strength was 4/5 in all represented muscle groups, and deep tendon reflexes were 2+ and symmetrical. The diagnoses were blunt head trauma injury, postconcussion syndrome, status post trigger thumb release, history of crush injury for the left foot, anxiety, and stress. Current medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. The provider recommended compounded Cyclophene and Ketoprofen gel. A rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Cyclophene 5% in PLO Gel 120g, QTY 1:** 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..

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. The guidelines further state that NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Treatment is recommended for short-term use for 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnoses were not congruent with the guideline recommendation for topical NSAIDs or Ketoprofen. Additionally, the provider's request did not indicate the site at which the gel was intended for or the frequency of the medication in the request as submitted. As such, the request is non-certified.

**Compounded Ketoprofen 20% in PLO Gel 120g, QTY 1:** 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..

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. The guidelines further state that NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Treatment is recommended for short-term use for 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnoses were not congruent with the guideline recommendation for topical NSAIDs or Ketoprofen. Additionally, the provider's request did not indicate the site at which the gel was intended for or the frequency of the medication in the request as submitted. As such, the request is non-certified.