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| <b>Case Number:</b>   | CM14-0027262 |                              |            |
| <b>Date Assigned:</b> | 03/07/2014   | <b>Date of Injury:</b>       | 10/26/2011 |
| <b>Decision Date:</b> | 04/14/2014   | <b>UR Denial Date:</b>       | 02/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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 Intervertebral 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 is a 37 year-old female who was injured on 10/26/11. She has been diagnosed with lumbar DDD and bilateral L5 radiculitis; left foot crush injury, plantar fasciitis and metatarsalgia. According to the 2/12/14 report form [REDACTED], the patient presents with constant 5/10 low back pain and 6/10 left foot pain. On 2/19/14, UR recommended against [REDACTED] recommendation for a lumbar MRI, and use of a compounded topical containing cyclobenzaprine, ketoprofen and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** According to the 2/12/14 report form [REDACTED], the patient presents with constant 5/10 low back pain and 6/10 left foot pain. The report states there is no functional change since last examination and no exam findings were provided. The prior report is dated

1/9/14, and again is in a check-box format stating there was no functional change since last visit, and does not provide a physical examination. I have been asked to review for a lumbar MRI. MTUS/ACOEM guidelines state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." There are no objective findings, and nothing that identified a specific nerve compromise. The request is not in accordance with MTUS/ACOEM guidelines.

**COMPOUND MEDS; CYCLO-KETO-LIDO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** According to the 2/12/14 report form [REDACTED], the patient presents with constant 5/10 low back pain and 6/10 left foot pain. I have been asked to review a compounded topical consisting of cyclobenzaprine, Ketoprofen and Lidocaine. This is an incomplete prescription, as it does not specify the concentrations, or dosage. 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. MTUS states that Lidocaine other than in a dermal patch, whether lotions, gels or creams is not indicated for neuropathic pain. MTUS states there is no evidence to support any muscle relaxant as a topical product. So any compounded topical medication that contains any one or combination of cyclobenzaprine, lidocaine or cyclobenzaprine is not recommended.