

<b>Case Number:</b>	CM14-0027456		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Texas. 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 employee is a 53 year old male who sustained an injury 01/01/08. There was no specific mechanism of injury noted. Rather, this appeared to have been a cumulative trauma type of injury. The injured employee had been followed for ongoing complaints of pain in the neck, shoulders, mid-back as well as the low back. Prior treatment did include multiple epidural steroid injections with limited relief. The injured employee did undergo a T12-L1 laminectomy and discectomy. The injured employee was also being followed by psychiatry for associated depression. The injured employee was seen by a treating physician, on 02/07/14 for ongoing complaints of neck, shoulder, mid and low back pain. Medications at this evaluation included Darvocet and Trazadone. On physical examination, the patient had noted tenderness in the lumbar paraspinal musculature as well as over the lumbar facets from L2 to L4. There was limited range of motion in the lumbar spine. No neurological deficit was identified. The injured employee was prescribed Norco, Motrin, Quazepam and Fexmid at this evaluation. It is noted that the injured employee was attending cognitive behavioral therapy in 2014. An evaluation by another treating physician, the injured employee was documented as utilizing Medrox patches which ceased to be effective in September of 2013. The injured employee was noted to be utilizing Prilosec and Amitiza for gastrointestinal aggravation. A prescription was provided for compounded topical medications that included Flurbiprofen, Tramadol and Ketoprofen as well as a separate Ketoprofen topical compounded medication. No other physical exam findings at this evaluation were available for review. The compounded topical medications to include Baclofen, Cyclobenzaprine, Ketoprofen and Lidoderm were denied by utilization review on 02/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR BACLO/CYCLO/KETOPRO/LIDO BASED CREAM, 240GM (DOS 01/24/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,.

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

**Decision rationale:** In regards to the prescribed compounded topical medication that included Baclofen, Cyclobenzaprine, Ketoprofen and Lidoderm 240g, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Per Chronic Pain Medical Treatment Guidelines, topical compounded medications are largely considered experimental and investigational in the treatment of chronic pain. There is no indication from the clinical record that the injured employee was unable to tolerate the oral forms of these medications. Furthermore, there is limited evidence in the clinical literature establishing that topical use of muscle relaxers such as Baclofen or Cyclobenzaprine as well as anti-inflammatories such as Ketoprofen results in any substantial functional improvement as compared to oral versions of these medications. Given the lack of any clear and clinical indications for the use of a compounded medication over standard oral medications and as there was no rationale provided for the combination of multiple different types of muscle relaxants, this reviewer would not have recommended this medication as medically necessary at this time.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR KETOP 100%, 243.6GM (DOS 01/24/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,.

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

**Decision rationale:** In regards to the prescribed compounded topical medication that includes Ketoprofen 243.6g prescribed on 01/24/14, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Per Chronic Pain Medical Treatment Guidelines, topical compounded medications are largely considered experimental and investigational in the treatment of chronic pain. There is no indication from the clinical record that the injured employee was unable to tolerate the oral forms of these medications. Furthermore, there is limited evidence in the clinical literature establishing that topical use of anti-inflammatories such as Ketoprofen results in any substantial functional improvement as compared to oral versions of these medications. Given the lack of any clear and clinical indications for the use of a compounded medication over standard oral medications and as there was no rationale provided

for the combination of multiple different types of muscle relaxants, this reviewer would not have recommended this medication as medically necessary at this time.