

<b>Case Number:</b>	CM14-0028228		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/04/2012
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with a 9/4/12 date of injury. At the time (1/21/14) of the request for authorization for compounded Ketoprofen 20% in PLO gel 120gm and compounded Cyclophene 5% in PLO gel 120gm, there is documentation of subjective (bilateral wrist/hand pain, radicular low back pain and muscle spasms, burning bilateral foot pain, stress, anxiety, insomnia, and depression) and objective (generalized tenderness over both hands, decreased range of motion, Phalen's positive bilaterally, decreased myotomes bilaterally, tender paraspinals lumbosacral junction, decreased lumbar range of motion, and decreased range of motion of both ankles) findings, current diagnoses (unspecified sprain of wrist, rule out carpal tunnel syndrome, other intervertebral disc displacement lumbar region, spondylolisthesis lumbar region, rule out lumbar radiculopathy, and sprain and strain of other and unspecified parts of foot), and treatment to date (medication including compounded medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUNDED KETOPROFEN 20% IN PLO GEL 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** An online search identified that Cyclophene 5% gel is a topical analgesic that contains a muscle relaxant. MTUS Chronic Pain Medical Treatment Guidelines identifies that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Therefore, based on guidelines and a review of the evidence, the request for compounded Cyclophene 5% in PLO gel 120gm is not medically necessary.

**COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. Therefore, based on guidelines and a review of the evidence, the request for compounded Ketoprofen 20% in PLO gel 120gm is not medically necessary.