

<b>Case Number:</b>	CM14-0029587		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Family Practice 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 worker is a 44-year-old male who reported an injury on 02/24/2012 after he leaned over to pick an order up which caused a sudden onset of low back pain. The injured worker's treatment history included physical therapy, and multiple medications. The injured worker was evaluated on 10/29/2013. Examination of the bilateral shoulders documented tenderness to palpation over the deltopectoral groove at the insertion sight of the supraspinatus bilaterally and restricted range of motion secondary to pain bilaterally. A neurological evaluation revealed decreased motor strength in the bilateral upper extremities rated at 4/5. Physical evaluation of the lumbar spine revealed limited range of motion secondary to pain and a positive straight leg raising testing bilaterally with decreased sensation in the L4, L5 and S1 dermatomes and 4/5 motor strength in the bilateral lower extremities. The injured worker's diagnoses included bilateral shoulder sprain/strain, lumbar sprain/strain, possible radiculopathy. The injured worker's treatment plan included use of medications for pain control and a urinalysis to assess for medication compliance. The injured worker's treatment plan also included acupuncture and physical therapy, with referral to a pain management specialist and consideration of an epidural steroid injection.

### 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 Muscle Relaxants.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical analgesic as it is not FDA-approved in this formulation to treat chronic pain. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested compounded ketoprofen 20% in PLO gel 120 gm is not medically necessary or appropriate.

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

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants as topical analgesics as there little scientific evidence to support the efficacy and safety of these medications. There is no documentation that the patient has failed to respond to oral formulations of this medication. Additionally, there is no documentation of exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested compounded Cyclophene 5% in PLO gel 120 gm is not medically necessary or appropriate.