

<b>Case Number:</b>	CM14-0031434		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 61-year-old male who reported an injury on 07/03/2012, secondary to a fall. Current diagnoses include status post arthroscopy of the right lower extremity, residual and recurrent pain in the right lower extremity, and left plantar fasciitis. The injured worker was evaluated on 02/06/2014. The injured worker reported persistent 8/10 pain. Physical examination on that date revealed mild distress, depression, and frustration, obesity, difficulty sitting and standing, an antalgic gait, and stiffness. Treatment recommendations included prescriptions for Norco 10/325 mg and a compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLO-KETO-LIDO 240GM WITH ONE REFILL:** 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 MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended

as a whole. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to a trial of first line therapy prior to the initiation of a topical analgesic. Furthermore, Cyclobenzaprine is not recommended by the MTUS Chronic Pain Guidelines as there is no evidence for the use of any muscle relaxant as a topical product. The request is not medically necessary and appropriate.