

<b>Case Number:</b>	CM14-0032658		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Nevada. 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 54 year-old individual who was reportedly injured on 3/17/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/4/2014. Indicates that there are ongoing complaints of neck, back, and bilateral leg pain. The physical examination demonstrated cervical spine: lordosis, increased tone in pain to palpation of the cervical paraspinal, and neck, head, and upper back musculature. There are hyper irritable spots with palpable nodules and taught bands noted, positive jump sign with anterior flexion is noted at 50, with pain, cervical spine range of motion with pain, and positive facet loading pain bilateral. Lumbar spine: kyphosis with loss of normal curvature. Positive tenderness to palpation bilaterally to paraspinal musculature, abnormal paraspinal bulk bilaterally, increased paraspinal tone bilaterally. Positive tenderness to palpation along the lumbar facets bilaterally of L3-S1. Lumbar range of motion with pain. There is decreased sensation to light touch in pinprick bilateral lower extremity and L5-S1 dermatome distribution. Bilateral lower extremity deep tendon reflexes are 1+. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injections, trigger point injections and medications. A request had been made for Ketoprofe-Amitripty-Carbamazepine-Lidocaine-Ketam and was not certified in the pre-authorization process on 3/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound- Ketoprofe/Amitripty/Carbamazepine/Lidocaine/Ketam Day Supply: 30 Qty: 240 Refills: 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Therefore, this request is not considered medically necessary.