

<b>Case Number:</b>	CM14-0035670		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Minnesota. 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 43-year-old female who reported an injury on 05/13/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back with pain that radiated into her right lower extremity. The injured worker's also developed right elbow and right knee pain secondary to heavy lifting. The injured worker's treatment history included multiple medications, physical therapy, chiropractic care, and surgical intervention. The injured worker's diagnoses included a cervical spine sprain/strain, bilateral shoulder strain, right shoulder impingement, lumbar spine sprain/strain, status post right knee arthroscopy, and left knee internal derangement. The injured worker was evaluated on 01/06/2014. It was documented that the injured worker had persistent knee pain. Physical findings included a positive lateral McMurray's test with normal range of motion and no medial or lateral joint line tenderness. The injured worker's treatment plan included a Synvisc injection. A request was made for a pharmacy purchase of cycloketo-L 3%/20%/6.15% unspecified amount. No justification for that request was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Cycloketo-L 3%/20%/6.15%; unspecified amount:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain : Topical Compounded Analgesics.

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

**Decision rationale:** The requested pharmacy purchase of cycloketo-L 3%/20%/6.15% unspecified amount is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this type of medication. Additionally, the California Medical Treatment Utilization Schedule does not support the use of lidocaine in a topical formulation as it is not FDA-approved to treat neuropathic pain in this formulation. The California Medical Treatment Utilization Schedule does not support the use of Ketoprofen as it is not FDA-approved in a topical formulation. As such, the requested cyclobenzaprine Ketoprofen lidocaine 3%/20%/6.15% unspecified amount is not medically necessary or appropriate. Furthermore, the request as it is submitted does not specifically identify a quantity or body part for treatment. In the absence of this information, the appropriateness of the request itself cannot be determined.