

<b>Case Number:</b>	CM14-0040319		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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, 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:

This is a 46-year-old male with a 10/31/2011 date of injury. A specific mechanism of injury was not described. 3/27/14 determination was modified. A certification was given for retro gabapentin, Naprosyn, and Norco; a non-certification was rendered for KW30 cream. 3/13/14 medical report identified moderate shoulder pain and swelling of the left arm and hand with tingling, numbness, and the left extremity feeling very cold goose bumps. The patient also said that there was an appreciable difference between the temperature of her 2 hands, and she is losing left-hand grip. Pain medication control the pain but it does not go below a 5/10 and without medication is a 7-8/10. Exam revealed muscle spasm in the trapezius muscle, left parameidan cervical spine muscles primarily C4-5, C5-6, C6-7. There was significant motor deficit of the left hand grasp. The patient's left upper extremity was showing signs of CRPS or trophic changes, swelling, bluish discoloration, and a 3 degree deficit of temperature in the forearm and left hand. There was moderate to severe allodynia it any movement of the left shoulder. There was a paresthetic feeling in the left forearm and hand with a sensation of non-dermatomal sensory loss. It was also noted that the prescribed KW30 cream contained ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, and camphor 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective KW30 Cream 120 ml, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page(s): 112, 113. Decision based on Non-MTUS Citation Official Disability Guidelines; Compound Drugs.

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

**Decision rationale:** The request is for a KW30 compounded cream which contained ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, and camphor 1%. CA MTUS Chronic Pain Medical Treatment Guidelines state 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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no rationale for the medical necessity of compounded medications as opposed to more widely supported oral medications. The request was not medically necessary.