

<b>Case Number:</b>	CM14-0056039		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Medicine 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 patient reported an industrial injury on 7/17/2012, over two years ago, in the lower back attributed to the performance of his customary job tasks. The patient was noted to have had a MBB at L3, L4, and L5 with significant pain relief. The patient has been prescribed Norco and Cyclo-Keto-Lido topical compounded cream 210 grams. The treating physician requested the topical compounded cream for the treatment of chronic low back pain. However, there were no documented objective findings on examination. The diagnosis was lumbar spine sprain/strain; HNP; and OA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo-Keto-Lido cream 210gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen, Lidocaine(in creams, lotion or gels).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 128,Chronic Pain Treatment Guidelines anti-inflammatory medications, Muscle relaxants, topical analgesics Page(s): 22, 67-68, 63, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-cyclobenzaprine; muscle relaxants; topical analgesics; topical analgesics compounded.

**Decision rationale:** The prescription for the topical analgesic gel Cyclo-Keto-Lido 210 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported by objective evidence to support the prescription of the topical compounded cream. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient has not demonstrated to have any GI issue at all with NSAIDs. The request for the topical compounded analgesic Cyclo-Keto-Lido 210 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic back pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Cyclo-Keto-Lido 210 g is not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for treatment of the industrial injury. The prescription for Cyclo-Keto-Lido 210 g is not medically necessary for the treatment of the patient's back complaints. The prescription of Cyclo-Keto-Lido 210 g is not recommended by the CA MTUS; ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic back pain. Therefore, this request is not medically necessary.