

<b>Case Number:</b>	CM14-0063714		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/20/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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 51-year-old male with a 7/20/08 date of injury. At the time (4/16/14) of request for authorization for Cyclo-Keto-Lido 240 gm, there is documentation of subjective (increased lumbosacral pain with intensity of 8/10 radiating to bilateral lower extremities) and objective (BP of 165/109, heart rate of 77, and difficulty in rising from sitting position) findings, current diagnoses (lumbar spinal stenosis and hypertension), and treatment to date (oral medications, chiropractic therapy, acupuncture, and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo-Keto-Lido 240 gm:** Upheld

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis and hypertension. However, Cyclo-Keto-Lido contains at least one component (Cyclobenzaprine, Ketoprofen, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclo-Keto-Lido 240 gm is not medically necessary.