

<b>Case Number:</b>	CM14-0066284		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 3/5/10 date of injury. At the time (4/11/14) of the Decision for CMPD-ketop/lidoc/cap/tram (med) 15% 1% 0.012/5% liq qty 60, there is documentation of subjective (ongoing neck and low back pain radiating to the upper and lower extremities with numbness; bilateral shoulder pain, and bilateral wrist pain) and objective (spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion; positive impingement sign of the shoulders with decreased range of motion, and positive Phalen's sign of the bilateral wrists) findings, current diagnoses (cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and wrist tendinitis/bursitis), and treatment to date (cervical spine microdiscectomy with fusion, physical modalities, and ongoing therapy with Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD-ketop/lidoc/cap/tram (med) 15% 1% 0.012/5% liq qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113 Page(s): 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 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 cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and wrist tendinitis/bursitis. However, the requested compound medication contains at least one drug (ketoprofen and lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for CMPD-ketop/lidoc/cap/tram (med) 15% 1% 0.012/5% liq qty 60 is not medically necessary.