

<b>Case Number:</b>	CM14-0068941		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 69-year-old male with a 7/27/12 date of injury, and status post left shoulder rotator cuff repair. At the time (3/13/14) of request for authorization for compound 240gm topical w/1 refill Cyclobenzaprine(muscle relaxant), Ketoprofen (NSAID), Lidocaine(anesthetic);, there is documentation of subjective (cervical spine decreased range of motion, pain, stiffness, pain rated 4/10, left upper extremity pain; left shoulder decreased range of motion; muscle spasms, and stiffness in the cervical spine), current diagnoses (cervical spine sprain/strain and status post left shoulder rotator cuff repair with residual tear of supraspinatus tendon), and treatment to date (physical therapy and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound 240gm topical w/1 refill cyclobenzaprine(muscle relaxant), ketoprofen (NSAID), lidocaine(anesthetic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**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 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 spine sprain/strain and status post left shoulder rotator cuff repair with residual tear of supraspinatus tendon. However, compound 240gm topical w/1 refill Cyclobenzaprine (muscle relaxant), Ketoprofen (NSAID), Lidocaine (anesthetic) contains at least one drug (Cyclobenzaprine, Ketoprofen, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for compound 240gm topical w/1 refill Cyclobenzaprine(muscle relaxant), Ketoprofen (NSAID), Lidocaine(anesthetic) is not medically necessary.