

<b>Case Number:</b>	CM14-0069581		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Nevada. 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:

The injured worker is a 60-year-old female who was reportedly injured on 10/7/2013. The mechanism of injury was noted as a moving and lifting injury. The most recent progress note, dated 6/11/2014, indicated that there were ongoing complaints of neck pain that radiated in the both shoulders and low back pain radiated into the left lower leg. The physical examination demonstrated cervical spine positive tenderness to palpation of the cervical spine with muscle spasms and positive tenderness to palpation in the shoulders. Lumbar spine showed positive tenderness to palpation with muscle spasms noted. Electromyogram/nerve conduction velocity of the left lower extremity, dated 5/13/2014, revealed left S1 radiculopathy per note. Official report was unavailable for review. Previous treatment included physical therapy, medications, and conservative treatment. A request was made for flurbiprofen 10%/capsaicin 0.025%/menthol 2%/camphor 1% and ketoprofen 10%/cyclobenzaprine 3%/lidocaine 5% and was not certified in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/Capsaicin .025%/Menthol 2%/Camphor 1%, 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not considered medically necessary.

**Ketoprofen 10%/Cycloenzaprine 3%/Lidocaine 5% 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not considered medically necessary.