

<b>Case Number:</b>	CM14-0081943		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

According to the records made available for review, this is a female with a 9/12/12 date of injury. At the time (5/1/14) of request for authorization for Cyclo-KetoLido cream PRN 240gm, one refill, there is documentation of subjective (pain in left wrist and hand, low back, and left ankle) and objective (not specified) findings, current diagnoses (displacement lumbar intervertebral disc without myelopathy), and treatment to date (medications (including Tramadol, Ibuprofen, and Prilosec)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cyclo-KetoLido cream PRN 240gn, one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, Chronic Pain Treatment Guidelines.

**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 a diagnosis of displacement lumbar intervertebral disc without myelopathy. However, the cyclo-KetoLido cream PRN 240gm, one refill contains at least one drug (Cyclobenzaprine, Ketoprofen, Lidoderm) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for cyclo-KetoLido cream PRN 240gm, one refill is not medically necessary and appropriate.