

<b>Case Number:</b>	CM14-0086326		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of January 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounded drugs; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In an August 1, 2013 progress note, the applicant presented with 8/10 neck and low back pain. The note was handwritten, sparse, and difficult to follow. Acupuncture, manipulative therapy, topical compounded drugs, a pain management consultation, and a urine toxicology testing were sought. Work restrictions were endorsed, although it did not appear that the applicant was working. The applicant was also given prescriptions for Motrin and Prilosec. On March 19, 2013, the applicant's treating provider acknowledged that the applicant was not working and had not worked since January 27, 2012. Motrin, Prilosec, and unspecified topical compounds were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Ketoprofen/Cyclobenzaprine/Lidocaine DOS 2-7-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of oral ibuprofen effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compound at issue. Therefore, the request is not medically necessary.