

<b>Case Number:</b>	CM14-0090083		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 63-year-old female with an injury date of 06/22/2010. According to the 04/08/2014 progress report, the patient complains of pain in her neck, back, upper extremities, and knees. She also has problems with her digestive system, hypertension, diabetes, and psych secondary to continuous trauma she sustained on 06/22/2011. The patient is currently taking atenolol, Accupril, metformin, Lipitor, omeprazole, and Mobic. The patient's diagnoses include the following: 1. Hypertension. 2. Diabetes mellitus. 3. Gastroesophageal reflux disease. The request is for the following: retrospective pharmacy purchase request for date of service 11/04/2013 for keto/cyclo/VersaPro 10/2% 120 mL (compounds). The utilization review determination being challenged is dated 06/09/2014. Treatment reports: There were no treatment reports provided; however, QMEs and AMEs were provided from 05/28/2013 04/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase request for Date of Service 11/04/13 for Keto/Cyclo/Versapro 10/2% 120ml (compounds): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Based on the 04/08/2014 report, the patient presents with neck pain, back pain, upper extremity pain, and knee pain. The request is for retrospective pharmacy purchase request for date of service 11/04/2013 for keto/cyclo/VersaPro 10/2% 120 mL (compounds). According to MTUS guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 states the following: "Non-FDA-approved agents; ketoprofen; this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered. Topical treatment can result in blood concentration in systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure." Since ketoprofen is not within MTUS guidelines, recommendation is for denial.