

<b>Case Number:</b>	CM14-0015625		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 57-year-old female, with a reported date of injury of 08/23/2013. The diagnoses include low back pain with bilateral lower extremity radiculopathy, lumbar sprain/strain, bilateral knee contusion, and bilateral knee sprain/strain. Treatments to date have included chiropractic treatment, physical therapy, electrodiagnostic studies, oral medications, an x-ray of the bilateral knees, an x-ray of the sacrum/coccyx, and an x-ray of the lumbar spine. The progress report dated 12/09/2013 indicates that the injured worker reported that chiropractic treatment was mildly helpful with the lumbar spine pain/symptoms. She reported a slight increase in lumbar spine pain since the chiropractic prescription was completed two weeks prior. The injured worker also complained of bilateral lower extremity pain. She rated her lumbar spine pain 7 out of 10, and her bilateral knee pain 7 out of 10. Her functional status had improved since the last examination. The objective findings include an antalgic gait, movement with stiffness, tenderness to palpation over the lumbar/sacral spine and tenderness to palpation over the bilateral patella. The treating physician requested a compound medication: Cyclobenzaprine / Ketoprofen / Lidocaine Ultracream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION COMPOUND CYCLO KETO LIDO ULTACREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES MEDICATION - COMPOUND DRUGS CHRONIC PAIN GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pp. 111-113, AND Ketamine, p. 56.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical muscle relaxants, specifically, are not recommended as they do not have sufficient supportive evidence. The MTUS Chronic Pain Guidelines also state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Any combination topical analgesic which contains at least one non-recommended ingredient should be considered non-recommended. In the case of this worker, she was recommended and using cyclobenzaprine/ketoprofen/lidocaine Ultracream. There was insufficient evidence to support the use of this combination topical analgesic. There was insufficient evidence presented to show a trial and failure of first line therapy for neuropathic to warrant introduction of lidocaine. Regardless, there are two non-recommended ingredients included in the preparation requested to be continued (ketamine, cyclobenzaprine). Also, there was insufficient reporting of significantly and measurable functional gains directly related to this medication. Therefore, considering all of the above, the cyclobenzaprine/ketoprofen/lidocaine Ultracream is not medically necessary.