

<b>Case Number:</b>	CM14-0175861		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 55 year old female who got injured on 2/21/2011. The injured worker was in the course of her usual duties when slipped and fell while cleaning her client's bathroom and struck the back of her head against the wall. She reports a period of confusion and altered vision which cleared after about 15 minutes. She reports ongoing headaches as well as neck and low back pain since then. She was seen by a neurologist 4/9/2014 and diagnosed with post-concussion syndrome. She saw her treating physician on 9/25/2014 for ongoing back pain. Her physical exam of the lumbar spine revealed flexion 45 degrees, extension 15 degrees, side-bends 20 degrees, positive straight leg raise testing bilaterally at L5-S1 dermatome distribution, deep tendon reflexes are 2+ at the knee and 1+ at the ankles bilaterally, there is reduced sensation at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L4, L5 and S1 dermatome distribution, there is weakness in the big toe dorsi-flexor and big toe plantar-flexor bilaterally. Her diagnoses include cervical spine sprain, right and left shoulder tendinitis with impingement, partial cuff tear status post right arthroscopic surgery with adhesive capsulitis, mid back strain/ sprain, herniated thoracic disc T8-T9 positive MRI 5/12/2012, low back strain /sprain herniated lumbar disc L4-L5 3mm L5-S1 6-7 mm, with L5 radiculopathy, positive MRI , EMG/NCV. The request is for compounded Keto 10%/Cycloben 3%/Lido 5% and Flurbi 10%/Caps 0.025%/ Menth 2%/ Camphor 1%:

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto 10%/Cycloben 3%/Lido 5% and Flurbi 10%/Caps 0.025%/ Menth 2%/ Camphor 1%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

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

**Decision rationale:** Per MTUS topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little research to support the use of many of these agents. Any compounded product that contains at least one drug class that is not recommended is not recommended. Ketoprofen is currently not FDA approved for topical application, it has an extremely high incidence of photocontact dermatitis. Cyclobenzaprine is a muscle relaxant, there is no evidence for use of any muscle relaxant as a topical product. Lidocaine is only approved as a patch. This compounded product has several drug classes that are not recommended per MTUS and therefore based on the guideline the request for Keto 10%/Cycloben 3%/Lido 5% and Flurbi 10%/Caps 0.025%/ Menth 2%/ Camphor 1% is not medically necessary.