

<b>Case Number:</b>	CM14-0207593		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab 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 53-year old male with date of injury 09/12/14. The treating physician report dated 11/07/14 (13) indicates that the patient presents with pain affecting their right leg. The patient rates their pain at 8/10. The physical examination findings reveal there was moderate swelling of the right knee. There was numbness of the right leg. The patient is currently prescribed Theramine, Sentra am, Gabadone, Sentra PM, Anaprox, Prilosec, and Tramadol. The current diagnosis is: 1. Right knee dislocation. The utilization review report dated 11/14/14 denied the request for topical creams based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication ( Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5%)120 gm:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Topical Analgesics

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

**Decision rationale:** The patient presents with right leg pain. The current request is for Compounded medication (Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5%) 120 gm. The current request is intended to be used for the pain the patient feels. The MTUS guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS further states, "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. MTUS also does not recommend muscle relaxants or topical lidocaine in gel or cream form. In this case, the current request is not supported by the MTUS guidelines. Therefore, Compounded medication (Ketoprofen 10%/ Cyclobenzaprine 3%/ Lidocaine 5%) 120 gm is not medically necessary.

**Compounded medication ( Flurbiprofen and/or Capsaicin 10%- 0.025%/ Camphor 2%/ 2%/ 1%) 120gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Topical Analgesics

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

**Decision rationale:** The patient presents with right leg pain. The current request is for Compounded medication (Flurbiprofen and/or Capsaicin 10%- 0.025%/ Camphor 2%/ 2%/ 1%) 120gm. The treating physician does not indicate the purpose for this request in their report dated 11/07/14. The MTUS guidelines state, The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines go on to also state, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In this case, there is no indication that the patient did not respond well to other treatments. The current request is not supported by the guidelines with the documentation provided. Therefore, Compounded medication (Flurbiprofen and/or Capsaicin 10%- 0.025%/ Camphor 2%/ 2%/ 1%) 120gm is not medically necessary.