

<b>Case Number:</b>	CM15-0138182		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 53 year old male, who sustained an industrial injury on 5/22/97. Initial complaints were of cumulative type trauma. The injured worker was diagnosed as having; radicular low back pain; pseudoarthrosis; anterior/posterior L5 fusion; right shoulder adhesive capsulitis bilateral carpal tunnel syndrome. Treatment to date has included left carpal tunnel release; status post L4-L5 fusion (2005); Removal of instrumentation L5-S1 (6/6/07); anterior/ anterolateral/posterior fusion at L4-L5 (5/28/14); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 5/5/15 indicated the injured worker presents as a follow-up visit. He is a status post anterior/anterolateral/posterior fusion at L4-L5 of 5/28/14. He continues to have significant symptoms in his shoulder and has been waiting for an Agreed Medical Examination (AME) and postoperative physical therapy for the lumbar fusion not authorized. On physical examination, the provider documents continued weakness of the 4+/5 in the EHL and tibialis anterior bilaterally. He notes back pain and has significant loss of range of motion in his shoulder and is significantly limited in his daily activities. He states much of his complaint is of his right shoulder. The AME was completed and reviewed by the provider noting 12 sessions of physical therapy has been approved. He is recommending he undergo 6 sessions of aquatic therapy and 6 land therapies as he is very deconditioned from after his surgery. The provider lists these medications as prescribed: Lisinopril 20mg 1 daily; Metoprolol 25 mg 1 daily; Vitamin D 5000mg one daily; Norco 10/325mg 1-2 a day and Soma 350mg 1-2 daily. The provider is requesting authorization of 1 Compound topical medication (Loperamide, Capsaicin, Ketoprofen, Menthol) in base cream 120 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compound topical medication (Loperamide, Capsaicin, Ketoprofen, Menthol) in base cream 120 grams:** 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 agent Page(s): 111.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and ketoprofen is not recommended. The request for topical loperamide, capsaicin, ketoprofen, menthol in base cream 120 grams is not medically appropriate and necessary.