

<b>Case Number:</b>	CM15-0138365		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/16/2015
<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: California

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 31-year-old female who sustained an industrial injury on 3/26/2007 resulting in radiating low back pain with impaired range of motion. She was diagnosed with lumbar spinal pain with likely injury of disc, facet L4-5 and L5-S1. Documented treatment has included sacroiliac joint injections, and medication which she reports has helped manage pain level, and counseling. The injured worker continues to experience low back pain with pain, numbness and tingling into her lower extremities. The treating physician's plan of care includes compound: Ketoprofen 10 percent - Cyclobenzaprine 3 percent - Capsaicin 0.0375 percent - Menthol 2 percent - Camphor 1 percent. Current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10%/ Cyclobenzaprine 3 %/ Capsaicin 0.0375%/ Menthol 2%/ Camphor 1%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** As per MTUS guidelines Any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended. 2) Cyclobenzaprine: Not recommended for topical application. It is only FDA approved for oral use. 3) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to any documentation of prior treatment failure or effectiveness. 4) Menthol/Camphor: May have some topical soothing activity. This topical product is not medically necessary.