

<b>Case Number:</b>	CM15-0142974		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 44-year-old male who sustained an industrial injury on 03-23-2015. Diagnoses include lumbar spine pain and lumbar radiculopathy. Treatment to date has included medications, physical therapy, extracorporeal shockwave therapy, modified activity and chiropractic. According to the Initial Comprehensive Orthopedic Consultation Report dated 5-20-2015, the IW reported constant moderate to severe burning, radicular low back pain and muscle spasms rated 5 to 6 out of 10. He also reported numbness and tingling in the bilateral lower extremities. The pain was aggravated by prolonged positioning (sitting, standing, walking) and alleviated by medication, rest and activity restriction. On examination, there was tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction. Active range of motion was decreased in all planes. Sensation was decreased in the L4-S1 dermatomes bilaterally and motor strength was 4 over 5 in all the represented muscle groups in the lower extremities; reflexes and pulses were 2+ and symmetrical. MRI dated 5-26-2015 showed straightening of the lordotic curve; disc desiccation with decreased disc height at L4-5 and L5-S1; annular fissure at L4-5; bilateral facet hypertrophy at L1-2 through L3-4; diffuse disc herniation abutting the thecal sac with bilateral facet degenerative change causing narrowing of the bilateral neural foramen at L4-5 and L5-S1. A request was made for compound topical cream: #1 Ketoprofen 20%, 167 grams and #2 Cyclobenzaprine 5%, 110 grams for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Cream Ketoprofen 20% 167 grams Cyclobenzaprine 5% 110 gram:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

**Decision rationale:** This patient presents with constant moderate to severe burning, radicular low back pain and muscle spasms. The current request is for Compound Topical Cream Ketoprofen 20% 167 grams Cyclobenzaprine 5% 110 gram. The RFA is dated 05/20/15. Treatment to date has included medications, physical therapy, extracorporeal shockwave therapy, modified activity and chiropractic. The patient is on modified work duty. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. 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. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." According to progress report 05/20/15, the patient reports constant moderate to severe burning, radicular low back pain. He also reported numbness and tingling in the bilateral lower extremities. On examination, there was tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction. Active range of motion was decreased in all planes and sensation was decreased in the L4-S1 dermatomes bilaterally and motor strength was 4/5 in the lower extremities. The treater recommended Ketoprofen and cyclobenzaprine cream for inflammation. In this case, the requested topical compound contains Ketoprofen and Cyclobenzaprine, which are not currently FDA approved for topical application, per MTUS. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.