

<b>Case Number:</b>	CM15-0161727		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial injury on 11-25-2013. He reported being struck on his left elbow and hip by a vehicle, throwing him to the ground. The injured worker was diagnosed as having cervical spine pain, cervical sprain-strain, cervical spine herniated nucleus pulposus, cervical radiculopathy, left shoulder sprain-strain, left shoulder tendinosis, left shoulder bursitis, left shoulder acromioclavicular arthrosis, left elbow sprain-strain, left wrist sprain-strain, left wrist TFCC (triangular fibrocartilage complex) tear, left wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine sprain-strain, lumbar degenerative disc disease, lumbar spine herniated nucleus pulposus, hemangioma at L3, lumbar radiculopathy, and hypertension. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of burning neck pain, associated with numbness and tingling of the upper extremities, rated 5 out of 10, burning left shoulder pain, rated 5 out of 10, burning left elbow pain, rated 5 out of 10, burning left wrist pain with weakness, numbness and tingling, and weakness radiating to the hand and fingers, rated 5 out of 10, and low back pain with radiation to the left hip and left leg, associated with numbness and tingling of the bilateral lower extremities. He also reported high blood pressure. His work status remained total temporary disability. Urine toxicology (5-26-2015) was positive only for Nortriptyline. Pain levels were consistent for several months. The treatment plan included continued topical compound medications, Ketoprofen 20% cream (165 grams) and Cyclobenzaprine 5% cream (100 grams).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical medications: Ketoprofen 20% cream 165 grams, Cyclobenzaprine 5% cream 100 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in November 2013 and is being treated for radiating neck and low back pain and left upper extremity and bilateral lower extremity numbness and tingling with burning symptoms. When seen, there was lumbar spine tenderness with decreased range of motion. There was decreased left lower extremity sensation with normal strength and reflex responses. Topical compounded cream was being prescribed. In terms of topical treatments, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product, Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac and has an extremely high incidence of photocontact dermatitis. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.