

<b>Case Number:</b>	CM15-0166804		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 22 year old female, who sustained an industrial-work injury on 6-3-14. She reported initial complaints of thoracic and lumbar pain. The injured worker was diagnosed as having thoracic and lumbar sprain. Treatment to date has included medication and diagnostics. CT scan reports were reported to be negative. Currently, the injured worker complains of intermittent pain in the mid back region that radiated to the upper back and bilateral shoulders. Per the primary physician's progress report (PR-2) on 7-20-15, exam noted no spasm of thoracic or lumbar paraspinal muscles, upper and lower extremity reflexes are within normal limits, motor strength was 5 out of 5 and symmetric, tenderness to touch and lumbar spine, pain with extension. The requested treatment included Flurbiprofen 20% cream 120gm, Ketoprofen 20, Ketamine 10% cream 120gm, and Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% percent cream 120gm, apply 2-3/day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics 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. Also flurbiprofen is not recommended by guidelines. The request for topical flurbiprofen is not medically appropriate and necessary.

**Ketoprofen 20, Ketamine 10% cream 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics 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. The request for topical Ketamine is not medically appropriate and necessary.

**Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% percent cream 120gm, apply 2-3/day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics 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. The request for topical gabapentin/cyclobenzaprine/capsaicin is not medically appropriate and necessary.