

<b>Case Number:</b>	CM15-0022455		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

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 is a 52-year-old female who reported an injury on 06/04/2012. The mechanism of injury involved a fall. The current diagnoses include lumbar spine discopathy, cervical spine discopathy, left shoulder sprain, right shoulder tendinitis, and right wrist sprain. The injured worker presented on 12/08/2014 with complaints of increased bilateral shoulder pain, as well as cervical spine pain. The injured worker also reported pain when gripping, grasping, and fine finger manipulation. The injured worker had failed a trial of gabapentin. It is also noted that the injured worker had been previously treated with epidural steroid injections for the lumbar spine. Upon examination, there was decreased range of motion of the cervical spine with tenderness over the C5-7 dermatomes, decreased range of motion of the bilateral shoulders with tenderness over AC joint and posterior trapezium, decreased range of motion of the right wrist with tenderness over the distal radius, and decreased range of motion of the lumbar spine with tenderness over the L4-S1 bilaterally with mild spasm. Recommendations included authorization for a spinal surgeon consultation and a refill of the current medication regimen and creams. A Request for Authorization form was then submitted on 01/07/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication; compound Ointment-KETO-Kato profen 10% Cyclobenzaprine 10%, Lidocaine 5% 120ml: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Lidocaine has been FDA approved in the formulation of a dermal patch. It is not recommended in the form of a cream, ointment, or gel. Given the above, the request is not medically appropriate at this time. Additionally, there was no mention of a failure of first line oral medication. There was also no frequency listed in the request. Based on the information received and the California MTUS Guidelines, the request is not medically necessary at this time.