

<b>Case Number:</b>	CM15-0023236		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/04/2015
<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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 29 year old female, who sustained a work/ industrial injury on 9/25/14 after slipping on some rocks and landed on buttocks and twisted left foot and back. She has reported symptoms of thoracic and lumbar pain. Prior medical history was negative. The diagnoses have included lumbar strain, sprain left lower leg, contusion left lower leg and left foot. Treatments to date included medications, physical therapy, and diagnostic studies. Diagnostics included an MR I showing meniscal tear of the knee. Medications included Motrin, Prilosec, and Flexeril. Examination revealed unchanged to the lumbar spine. There was ambulation with a limp. There was no erythema, ecchymosis, or gross deformity. There was tenderness to palpation over the medial joint line, pain to varus and valgus stressing, but no gross instability. McMurry testing was positive on the left. Range of motion was limited in the left knee. A request was made for topical creams for pain management. On 2/4/15, Utilization Review non-certified a Flurbiprofen, capsaicin, menthol, camphor 10% 0.25% 2% 1% 120gm; Ketoprofen, Cyclobenzaprine, lidocaine 10% 3% 5% 120 gm, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain, Topical Analgesics Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurboprofen, capsaicin, menthol, camphor 10% 0.25% 2% 1% 120gm: Upheld**

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

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

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for a topical compound medication. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The request for the compounded medication is not medically necessary.

**Ketoprofen, cyclobenzaprine, lidocaine 10% 3% 5% 120gm:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a topical compound. MTUS guidelines state the following: 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. According to the clinical documentation provided and current MTUS guidelines; Any compound that contains Ketoprofen as a topical is not indicated as a medical necessity to the patient at this time.