

<b>Case Number:</b>	CM15-0051814		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/20/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male, who sustained an industrial injury on 9/20/2009. Diagnoses have included low back pain, degeneration of cervical intervertebral disc, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Treatment to date has included ice/heat, rest, epidural steroid injection (ESI) and medication. According to the progress report dated 1/22/2015, the injured worker complained of low back pain, neck pain and right shoulder pain. He was status post cervical epidural steroid injection (ESI) on 10/13; the pain was 90% gone. He had lumbar epidural steroid injection (ESI) on 7/11; pain decreased 50%. The injured worker had paralumbar spasm and tenderness to palpation. Tenderness to palpation was present in the trapezial area. Cervical spine range of motion was restricted. Authorization was requested for topical compound creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Keto/Lido/Caps/Tram in Glycerin 120 gm (DOS: 11/1/13): 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic cervical pain. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, Keto/Lido/Caps/Tram in Glycerin 120 gm is not medically necessary.

**Retrospective: Cyclo/Caps/Lido/Flurbi in Glycerin 120 gm (DOS: 11/1/13): 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of any of the component of the cream. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. More important, there is no documentation of the necessity to use a topical analgesic for pain management. Based on the above, the use of Cyclo/Caps/Lido/Flurbi in Glycerin 120 gm is not medically necessary.