

<b>Case Number:</b>	CM15-0054920		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Hawaii  
 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:

This 35 year old male sustained an industrial injury on 9/28/12. He subsequently reported right knee pain. Diagnoses include chondromalacia of patella and lumbar spine sprain/strain. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery and prescription pain medications. The injured worker continues to experience right knee pain. A request for Kep/Cyclo mix (new) 20% gel, sixty count was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kep/Cyclo mix (new) 20% gel, sixty count:** Upheld

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

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

**Decision rationale:** The patient has persistent right knee and low back pain. The current request is for Kep/Cyclo mix (new) 20% gel, sixty count. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or

safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, cyclobenzaprine and Ketoprofen are not supported for topical formulation. As such, recommendation is for denial. The request is not medically necessary.