

<b>Case Number:</b>	CM15-0056686		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 1, 2013. In a Utilization Review report dated March 11, 2015, the claims administrator retrospectively denied a topical compounded medication prescribed and/or dispensed on or around February 24, 2014. The applicant's attorney subsequently appealed. In a RFA form/appeal letter dated February 10, 2015, authorization was retrospectively sought for the topical compounded agent in question. No clinical progress notes were seemingly attached to the RFA form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective ketoprofen powder 10%, cyclobenzaprine hydrochloride (HCL) powder 3%, lidocaine hydrochloride (HCL) 5%, ultramderm base cream (DOS: 2/24/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** No, the topical compounded ketoprofen-cyclobenzaprine-lidocaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that little-to-no narrative commentary accompanied the request for authorization. Therefore, the request was not medically necessary.