

<b>Case Number:</b>	CM13-0064252		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of January 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated November 20, 2013, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated June 17, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. Medication selection and medication efficacy were not incorporated into this particular note. On June 4, 2013, the applicant was again placed off of work owing to shoulder and mid back pain complaints with associated headaches. In a pharmacy order form dated August 5, 2013, the applicant was given prescriptions for carisoprodol, topical compounds, Naprosyn, ranitidine, and glucosamine and chondroitin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION COMPOUND KETOP/CYCLO (MIX 20% GEL):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's seeming usage of multiple first-line oral pharmaceuticals, including Naprosyn, effectively obviates the need for the largely experimental topical compounded drug at issue. Therefore, the request is not medically necessary.