

<b>Case Number:</b>	CM14-0116447		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 41-year-old female who reported an injury on 11/30/2007. The mechanism of injury was cumulative trauma. She is diagnosed with lumbar degenerative disc disease and lumbar facet syndrome. Her past treatments were noted to include benzodiazepines, sleep medications, anti-inflammatories, muscle relaxants, antidepressants, and opioid pain medications. On 02/17/2014, the injured worker's orthopedic provider reviewed her recent neurological consultation report. It was noted that her symptoms were headaches and sleep difficulty. Her medications were noted to include tramadol. A request was received for Retrospective request for 3 prescriptions of the topical cream Keto/Lido/Cyclo 20/5/1% 60g (DOS - 1/30/14, 2/25/14 and 3/25/14). However, a rationale for this request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 3 prescriptions of the topical cream Keto/Lido/Cyclo 20/5/1% 60g (DOS - 1/30/14, 2/25/14 and 3/25/14): Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, the guidelines state that any topical compounded product that contains at least one drug that is not recommended is not recommended. In regard to ketoprofen, the guidelines state that this agent is not FDA approved for topical application and is not recommended as it has an extremely high incidence of photocontact dermatitis. In regards to cyclobenzaprine, the guidelines state that there is no evidence for use of muscle relaxants are topical products. In regard to lidocaine, the guidelines state that topical lidocaine is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain, but other commercially approved topical formulations of lidocaine are not indicated. The clinical information submitted for review indicated that the injured worker had tried various medications previously, including antidepressants. However, her response to these medications was not clearly documented and there was no evidence that she had tried and failed an anticonvulsant. Therefore, use of a topical analgesic is not supported for her neuropathic pain. Further, documentation clearly outlining neuropathic pain was not provided. In addition, the guidelines specifically do not recommend ketoprofen, cyclobenzaprine, or lidocaine cream. Therefore, the requested topical compound, which contains these agents, is also not recommended. In addition, the request failed to indicate a frequency. As such, the request is not medically necessary.