

<b>Case Number:</b>	CM14-0118644		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/31/2008
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 & Rehabilitation, 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:

This is a 59-year-old male with an 8/31/08 date of injury, due to cumulative trauma. The patient underwent anterior cervical spinal cord decompression with fusion on 1/30/12. The patient was seen on 7/5/12 with complaints of pain in the neck radiating into both upper extremities with tingling and numbness in the fingers and hands, lower back pain and right knee pain. Exam findings revealed tenderness in the cervical paravertebral muscles, suprascapularis muscles and acromioclavicular area. The exam of the lumbar spine revealed tenderness in the area of L4-L5 paravertebral muscles and in the right piriformis, positive straight leg raising test and weakness in the motor activity of the right L4-L5. There was tenderness in the right knee with cracking on flexion and extension. The diagnosis is status post cervical spine surgery, right knee medial meniscus tear, lumbar disc bulging, right shoulder AC osteoarthritis, and right bicipital tenosynovitis. Treatment to date: cervical spine fusion, lumbar epidural steroid injections, work restrictions and medications. An adverse determination was received on 7/8/14 for a lack of rationale and explanation why an over the counter topical could not have been used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keto, Lido, Dexamethasone (unknown duration, frequency): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However the requested compound medication contained at least one drug class, which is not recommended due to the guidelines. In addition, the percentage of each ingredient and the requested quantity were not specified. Lastly, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Keto, Lido, Dexamethasone (unknown duration, frequency) is not medically necessary.