

<b>Case Number:</b>	CM14-0133304		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Illinois. 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 55-year-old female who reported an injury on 01/19/2012. The mechanism of injury was not provided. On 12/24/2013, the injured worker presented with improved bilateral knee pain. Upon examination, the right knee range of motion was improved. There was -5 degrees of extension to 97 degrees of flexion. There was +4/5 strength and tenderness at the bilateral knees, tricompartmental on the left knee. The diagnoses were status post right total knee replacement with arthrofibrosis, postoperative weakness, and symptomatic osteoarthritis of the left knee. The provider recommended Cyclo/Keto/Lido 3%/ 20%/ 6-15% topical cream, 1 month supply; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Keto-Lido 3%/ 20%/ 6-15% Topical Cream; 1 Month supply: 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.

**Decision rationale:** The request for Cyclo/Keto/Lido 3%/ 20%/ 6-15% Topical Cream; 1 Month supply is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug or 1 drug class that is not recommended is not recommended. Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. The guidelines do not recommend muscle relaxants for topical application. There is lack of documentation of the injured worker's failure to respond to a previous trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site at which the cream is indicated for, the frequency, or the quantity in the request as submitted. As such, this request is not medically necessary.