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| <b>Case Number:</b>   | CM14-0134154 |                              |            |
| <b>Date Assigned:</b> | 08/25/2014   | <b>Date of Injury:</b>       | 12/23/2011 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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 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 patient sustained a cumulative trauma injury on 12/23/11 from performing her normal work duties while employed by [REDACTED]. Request(s) under consideration include Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120. Diagnoses include lumbar sprain/ lumbago/ lumbosacral disc degeneration; myalgia/ myositis. Report of 7/2/14 from the provider noted the patient with continued ongoing low back pain rated at 7/10; difficulty sleeping; ran out of medications. Exam showed antalgic gait favoring left; heel and toe exam not completed due to pain; tenderness with limited range of motion; positive SLR; diffuse decreased sensation, weakness, and reflexes. Treatment included topical meds. Report of 8/27/14 from the provider had unchanged symptom complaints rated at 7-8/10. Exam showed unchanged tenderness, stiffness at L4-5, and bilateral superior iliac spine; range with flexion six inches from ground; 25/30 extension; 30/35 lateral flexion; 40/45 lateral rotation; positive SLR; diffuse decreased sensation at left medial knee; and 4/5 motor strength throughout lower extremity with symmetrical 1+. Diagnoses included lumbar strain/ lumbar DDD; myofascial pain. Treatment included medication refills of oral Hydrocodone/APAP; Cyclobenzaprine; Motrin, Zantac and Lenza Gel. The request(s) for Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120 was non-certified on 8/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120:** Upheld

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

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

**Decision rationale:** This patient sustained a cumulative trauma injury on 12/23/11 from performing her normal work duties while employed by [REDACTED]. Request(s) under consideration include Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120. Diagnoses include lumbar sprain/ lumbago/ lumbosacral disc degeneration; myalgia/ myositis. Report of 7/2/14 from the provider noted the patient with continued ongoing low back pain rated at 7/10; difficulty sleeping; ran out of medications. Exam showed antalgic gait favoring left; heel and toe exam not completed due to pain; tenderness with limited range of motion; positive SLR; diffuse decreased sensation, weakness, and reflexes. Treatment included topical meds. Report of 8/27/14 from the provider had unchanged symptom complaints rated at 7-8/10. Exam showed unchanged tenderness, stiffness at L4-5, and bilateral superior iliac spine; range with flexion six inches from ground; 25/30 extension; 30/35 lateral flexion; 40/45 lateral rotation; positive SLR; diffuse decreased sensation at left medial knee; and 4/5 motor strength throughout lower extremity with symmetrical 1+. Diagnoses included lumbar strain/ lumbar DDD; myofascial pain. Treatment included medication refills of oral Hydrocodone/APAP; Cyclobenzaprine; Motrin, Zantac and Lenza Gel. The request(s) for Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120 was non-certified on 8/11/14. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Ketoprofen along with same cyclobenzaprine and additional Baclofen muscle relaxant and opioid in two formulation posing an increase risk profile without demonstrated extenuating circumstances and indication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The Compound Drug (Ketoprofen, Cyclobenzaprine, Lidocaine, Baclofen and Ultraderm CRE), #120 is not medically necessary and appropriate.