

<b>Case Number:</b>	CM14-0145011		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 47-year-old female with a 10/11/12 date of injury. The mechanism of injury occurred when she was assisting a patient getting up from a commode. As she was getting the patient up, she felt pain in the low back left side rib cage and the legs and knees. According to a progress report dated 2/14/14, the patient complained of stabbing, burning, and pain with muscle spasm at the level of the lumbosacral spine with radiation to the right leg down to the foot. She also complained of shooting pain in the cervical spine that travels to the right upper extremity with numbness, tingling, and weakness. Objective findings: tenderness to palpation over right paraspinal muscle, right trapezius and right scapular region; tenderness over anterior, lateral, and posterior aspects; tenderness to palpation over paraspinal muscles bilaterally, sacroiliac joint, and right buttocks. Diagnostic impression: cervical myoligamentous sprain/strain, lumbar myoligamentous sprain/strain with lumbar discogenic disease and radiculopathy to the lower extremities, sprain/strain of both knees, stress/anxiety disorder. Treatment to date: medication management, activity modification, lumbar ESI, physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketop and/or Cyclo(mix)(new) 20 percent and/or 2 percent Gel; Apply to site of pain 2-3x daily 120gm #160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 antiepilepsy 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. Guidelines do not support the use of Ketoprofen and Cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compound would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Ketop and/or Cyclo(mix)(new) 20 percent and/or 2 percent Gel; Apply to site of pain 2-3x daily 120gm #160 was not medically necessary.