

<b>Case Number:</b>	CM14-0146898		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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, has a subspecialty in Interventional Spine 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:

The injured worker is a 40 years old male with an injury date on 06/18/2008. Based on the 04/23/2014 progress report, the diagnosis includes lower back pain with multilevel lumbar disc disease most significantly at L4-L5 and L5-S1 and multilevel lumbar facet arthropathy. According to this report, the patient complains of low back pain. Lumbar range of motion is moderately limited with mild to moderate pain. Mild to moderate tender to pressure is noted at L4-L5 paraspinals muscle and left great than right and left SI joint. Straight leg raise is positive bilaterally. Motor strength of the left EHL is a 4/5. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/12/2013 to 02/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream: K-Rub-ll with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** According to the 04/23/2014 report, this patient presents with low back pain. The treater is requesting compound topical cream: K-Bub-11 with 2 refills. K-Bub-11 contains 10% Ketoprofen, 1% Cyclobenzaprine, 5% Lidocaine, 10% Baclofen, 10% Gabapentin, and 64% Ultra Derm base. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended than the entire compound is not recommended. In this case, Ketoprofen, Cyclobenzaprine, Lidocaine, Gabapentin are not recommended for topical formulation. Therefore, this request is not medically necessary.