

<b>Case Number:</b>	CM14-0180744		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/14/1999
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Occupational Medicine 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 is a 56 year old male who developed chronic low back pain from a lifting incident on 9/14/99. He has low back pain that radiates into the left leg and is associated with slight weakness. The medical records were reviewed. MRI studies revealed moderate spondylotic changes without instability. He is treated with analgesics including topical Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream Keta 10%/Lido 2%/Gaba 6%/Cloni 0.2%/Imipram 3%/Mefa 3%:**  
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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines are very specific regarding the recommended use of topical agents. Only agents that are FDA approved for topical use are recommended and if a compound includes an agent that is not recommended the compound is not recommended. This compound includes several agents that are not recommended by the guidelines. These agents include Ketoprofen 10%, Lidocaine 2%,

Gabapentin 6% and Imiprimine 3%. MTUS Guidelines do not recommend the use of this compounded cream. Therefore, the compounded cream Keta 10%/Lido 2%/Gaba 6%/Cloni 0.2%/Imipram 3%/Mefa 3% is not medically necessary.