

<b>Case Number:</b>	CM14-0185563		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 is a 39-year-old male with a 7/25/14 date of injury. He injured his low back when he was using a shovel to plant small trees. According to a progress report dated 9/18/14, the patient complained of cervical spine pain with radiation to the upper extremities and lumbar spine pain that radiated into the buttocks, bilateral thighs, knees, calves, ankles, feet, and big toes. Objective findings: tenderness to palpation about the cervical spine and lower paravertebral muscles, decreased cervical range of motion, decreased sensation in the bilateral thumbs and thenar eminences, tenderness to palpation of the spinous processes and the bilateral sacroiliac joints, decreased range of motion in the thoracic and lumbar spine, and decreased sensation in the bilateral lower extremities. Diagnostic impression: cervicothoracic strain, lumbar spine strain with bilateral sciatica, bilateral shoulder pain. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 10/28/14 denied the request for Cyclo-Keto-Lido cream. Muscle relaxants, topical ketoprofen, topical lidocaine in a cream/lotion formulation are not supported by the CA MTUS for topical use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo-Keto-Lido 240mgs, 1 refill each:** 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): 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, other muscle relaxants, 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. However, in the present case, guidelines do not support the use of cyclobenzaprine, ketoprofen, or lidocaine in a topical cream/lotion formulation. In addition, there is no documentation as to why this patient cannot tolerate oral medications. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclo-Keto-Lido 240mgs, 1 refill each is not medically necessary.