

<b>Case Number:</b>	CM14-0088032		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and left upper extremity pain reportedly associated with an industrial injury of February 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; earlier cervical spine surgery; earlier shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for a topical compounded drug. The applicant's attorney subsequently appealed. In a June 4, 2014 progress note, the applicant reported multifocal shoulder, neck, and arm pain, ranging from 5-7/10. Lidoderm patches and physical therapy were endorsed. The applicant's complete medication list was not attached. The applicant's work status was not furnished, furthermore. In a mental health progress note of May 23, 2013, the applicant was described as having a Global Assessment of Functioning (GAF) of 56, based on a primary diagnosis of major depressive disorder (MDD). On December 9, 2013, the applicant again presented with persistent complaints of neck pain, reportedly severe, 6-7/10. MRI imaging of cervical spine and home exercises were suggested. The applicant's medication list was not furnished on this occasion. On October 3, 2013, the applicant was described as using Medrox patches, Celexa, Lunesta, tramadol, Lyrica, and ranitidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriprofen 20% gel 120 gm, Ketoprofen 20% 120 gm, Ketamine 10% gel 120 gm, Gabapentin 10%, Cyclobenzaprine 10% and Capsaicin 0.0375% 120 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

**Decision rationale:** Several ingredients in the compound in question carry unfavorable recommendations in the MTUS Chronic Pain Guidelines. For instance, Ketoprofen, one of the primary ingredients in the compound in question, is specifically not recommended for topical formulation purposes, it is suggested on page 112 of the MTUS Chronic Pain Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Lyrica, tramadol, etc., effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary.