

<b>Case Number:</b>	CM14-0097511		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family 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 injured worker is a 61 year old female who sustained injuries to her low back on 02/29/12. The mechanism of injury was not documented. Per clinical note dated 05/29/14, the injured worker had mid and low back pain radiating into the left lower extremity. Her visual analog scale score was 9/10 and constant. On physical examination she had tenderness to palpation bilaterally in the paraspinal musculature left greater than right. Kemp's test was positive bilaterally. Straight leg raise was positive on the left. Motor strength was globally 4/5 in the bilateral lower extremities. Sensation was decreased in the left L4, L5 and S1 distributions. Electromyography/nerve conduction velocity dated 09/27/12 identified left L5 radiculopathy. Utilization review determination dated 05/29/14 non-certified the request for compounded Flurbiprofen/Cyclobenzaprine/Menthol Cream 20/10/4% of an unspecified quantity and Keratek gel of unspecified quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) (unspecified quantity):**  
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): 114-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications

**Decision rationale:** California Medical Treatment Utilization Schedule, The Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flurbiprofen and Cyclobenzaprine which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

**Kera-Tek Gel (unspecified quantity):** 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): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications

**Decision rationale:** The request for Keratek gel of unspecified quantity is not supported as medically necessary. California Medical Treatment Utilization Schedule, The Official Disability Guidelines and do not recommend the use of topical analgesics as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. As such the request is not supported as medically necessary.