

<b>Case Number:</b>	CM14-0212254		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/20/1998
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 64 year old female with an injury date of 07/20/98. Based on the 11/09/14 progress report provided by treating physician, the patient complains of neck pain rated 6/10 and spasms. Patient is status post four previous cervical operations including anterior posterior fusion C4-C7, status post anterior decompression and fusion C2-3 and C3-4. Physical examination dated 11/09/14 revealed tenderness to palpation to the bilateral cervical spine and trapezius, crepitus on motion and evident muscle spasm. The patient's current medications are not specified in the most recent progress report. Patient is advised to stay stationary and not work. Diagnosis 11/09/14- Status post four previous neck surgeries including anterior posterior fusion C4 to C7- Status post anterior decompression and fusion at C2-3 and C3-4The utilization review determination being challenged is dated 12/05/14. The rationale is "Ketoprofen: this agent is not currently FDA approved for a topical application..Topical Lidocaine may be recommended for localized peripheral pain. There is no evidence for use of any other muscle relaxant as a topical product." Treatment reports were provided from 10/09/14 to 11/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%/Lidocaine 5%/Cyclobenzaprine/Tramadol 8%, 240gm.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** The patient presents with neck pain rated 6/10 and spasms. Patient is status post four previous cervical operations including anterior posterior fusion C4-C7, status post anterior decompression and fusion C2-3 and C3-4. The request is for KETOPROFEN 20%/LIDOCAINE 5%/CYCLOBENZAPRINE/TRAMADOL 8% 240 gm. Physical examination dated 11/09/14 revealed tenderness to palpation to the bilateral cervical spine and trapezius, crepitus on motion and evident muscle spasm. The patient's current medications are not specified in the most recent progress report. Patient is advised to stay stationary and not work. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested compounded cream contains Cyclobenzaprine, and Tramadol neither of which are supported by MTUS guidelines as topical agents. Lidocaine is also allowed in patch formulation only. The request is not medically necessary.