

<b>Case Number:</b>	CM15-0028478		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 67-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 13, 2003. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve requests for a topical compounded cream and knee MRI imaging. The claims administrator referenced a January 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated June 1, 2009, it was acknowledged that the applicant had alleged multifocal complaints of low back, knee, and shoulder pain reportedly associated with cumulative trauma at work. On February 6, 2015, lumbar MRI imaging and an orthopedic surgery consultation were proposed. In an RFA form dated January 5, 2015, a topical compounded cream, lumbar MRI imaging, and knee MRI imaging were endorsed. In a November 24, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Positive straight leg raising was noted. A topical compounded cream and lumbar MRI imaging were endorsed. In another section of the note, it was stated that the applicant's neurologic exam was stable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 2% 240gm with 2 refills:** 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 111-112 of 127.

**Decision rationale:** No, the request for a topical compounded ketoprofen-baclofen-cyclobenzaprine-gabapentin-bupivacaine compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**1 MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** Similarly, the request for knee MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 13, Table 13-2, page 335 notes that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being considered. Here, however, the applicant's primary pain generator was, in fact, the low back as opposed to the knee. The knee was only incidentally alluded to in several progress notes, referenced above. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.