

<b>Case Number:</b>	CM15-0066391		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 53 year old female patient who sustained an industrial injury on 10/05/2011. Prior diagnostic testing to include: functional capacity evaluation, urine drug screening, magnetic resonance imaging, and cardiorespiratory testing. Previous treatments are: pain evaluation and management, physical therapy, and oral pain medication. A primary treating office visit dated 11/20/2014 reported the patient with subjective complaint of difficulty sleeping, pain in both bilateral hands and bilateral knees. She is diagnosed with lumbar spine stenosis, herniated nucleus pulposus, bilateral hand pain, and bilateral knee pain. The plan of care involved radiography of hands, bilateral knees, also to include magnetic resonance imaging, prescribing Theramine Gabadone and Sentra AM, therapy course, urine drug screening, and follow up in 4 weeks. A follow up visit dated 01/06/2015 reported trauma to left hand, and cervical trauma, repetitive work, and slip with fall causing knee and low back pain. She is diagnosed with musculoskeletal pain, cephalgia, anxiety/depression, and insomnia. Treatment rendered noted Paxil, Elavil, and follow up in 4 weeks. Continue with physical therapy, orthopedic evaluation and psychological follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cream: Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%) (120gm): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%) (120gm) is not medically necessary.