

<b>Case Number:</b>	CM15-0090096		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old male, who sustained an industrial injury on January 12, 2012. The injury occurred when the injured worker was trying to stop an individual who was trying to an illegally dump trash. The individual tried to run the injured worker over. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbago, lumbar degenerative disc disease, lumbar disc protrusion, bilateral carpal tunnel syndrome, cervicgia, cervical degenerative disc disease, multilevel cervical stenosis, bilateral shoulder bursitis/tendinitis, chronic neck pain and chronic low back pain. Treatment to date has included medications, radiological studies, electrodiagnostic studies, epidural steroid injections, cervical and lumbar medial branch blocks, physical therapy and a home exercise program. Current documentation dated April 14, 2015 notes that the injured worker reported ongoing neck, shoulder, low back and right knee pain. The injured worker was noted to have been in a motor vehicle accident two weeks prior. Examination of the neck and shoulders revealed tenderness, spasm and a painful and decreased range of motion. The injured worker was noted to have tingling in both shoulders and occasional numbness in the right hand. Examination of the low back revealed tenderness, spasm and a decreased range of motion. The low back pain was noted to be intermittent with radiation to the buttocks and bilateral thighs and legs. The pain interfered with his activities of daily living and caused sleep difficulties. The injured worker rated his neck, shoulder and low back pain an eight to ten out of ten on the visual analogue scale. The injured worker also noted occasional right knee pain rated at a five out of ten on the visual analogue scale. The treating physician's plan of care included a request for the retrospective

compound cream with a date of service of September 21, 2012; the compound cream consisted of Cyclobenzaprine/Ketoprofen/Flurbiprofen in a Lipoderm base 240 gm #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro (DOS: 9.21.12) compound: cyclobenzaprine/ketoprofen/flurbiprofen- lipoderm base compound240gm #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation page 111-113, web edition, Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Retro (DOS: 9.21.12) compound: cyclobenzaprine/ketoprofen/flurbiprofen- lipoderm base compound240gm #1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Retro (DOS: 9.21.12) compound: cyclobenzaprine/ketoprofen/flurbiprofen- lipoderm base compound240gm #1 is not medically necessary.