

<b>Case Number:</b>	CM15-0099240		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Hawaii  
 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:

This 69 year old woman sustained an industrial injury on 9/1/2010. The mechanism of injury is not detailed. Diagnoses include cervical sprain, lumbar sprain, left shoulder sprain, Bell's Palsy, lumbar disc degeneration, and multilevel spondyloses at the cervical paravertebrals. Treatment has included oral medications. Physician notes dated 4/1/2015 show complaints of mid and lower back pain with radiation down the right leg, bilateral shoulder pain with radiation down to the elbows, and neck pain rated 3/10. Recommendations include continue home exercise program, reduced Prilosec, K-Rub II, and follow up in four to five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**K-Rub II Cream (Ketoprofen 10%, Cyclobenzaprine 15, Lidocaine 5%, Baclofen 10%, Gabapentin 10%, Ultra Derm Base 64%) #60gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with diagnoses that include cervical sprain, lumbar sprain, left shoulder sprain, Bell's Palsy, lumbar disc degeneration and multilevel spondyloses at the cervical paravertebrals. Current complaints of mid and lower back pain with radiation down the right leg, bilateral shoulder pain with radiation down to the elbows and neck pain. The current request is for K-Rub II Cream (Ketoprofen 10%, Cyclobenzaprine 15, Lidocaine 5%, Baclofen 10%, Gabapentin 10%, Ultra Derm Base 64%) #60gm. The treating physician requests on 4/1/15 (56B), K-Rub-II cream for local application. With regards to topical analgesics, MTUS guidelines state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines go further to specifically state that any Non FDA-approved agents are not recommended. In this case, we find the compound included, Ketoprofen. Ketoprofen is not currently FDA approved for a topical application. Therefore any compounded product that contains Ketoprofen is not recommended per MTUS. Additionally, MTUS specifically states that Gabapentin is not recommended under the topical analgesic section. In this case, the treating physician has requested a compounded topical analgesic containing Ketoprofen and Gabapentin. This results in the entire compound's carrying an unfavorable recommendation per the MTUS guidelines. Therefore, K-Rub II Cream is deemed not medically necessary.