

<b>Case Number:</b>	CM13-0013588		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/25/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old male who reported a work-related injury on 04/25/2003, mechanism of injury not stated. The patient presents for treatment of spasm, numbness and tingling to the right upper extremity as well as cervical spine pain complaints. The clinical note dated 12/13/2013 reports the patient was seen by provider. The provider documents the patient remains symptomatic with cervical spine pain greater than upper extremity symptoms. The provider documents the patient is status post times 2 right shoulder arthroscopy and times 1 left shoulder arthroscopy as of 2012. The provider additionally reports a left carpal tunnel release as of 11/30/2012, right carpal tunnel release and right thumb trigger finger release in 03/2011. The provider documents the patient utilizes the following medications, Vicodin 5/500, Lidoderm patches, Dendracin lotion, trazodone, Celebrex, Soma, ranitidine, atenolol, and meclizine. The provider documents the patient's rate of pain is at a 6/10 to 7/10 with medications and without medication 10/10. The patient reports a 40% improvement in his pain symptoms with prescribed medications. The provider documents upon physical exam of the patient's cervical spine, range of motion was 50 degrees of flexion, 10 degrees extension, bilateral lateral bending at 15 degrees, and rotation at 20 degrees. The provider documented the patient presents for treatment of the following diagnoses, status post anterior cervical discectomy and fusion C4-5, C5-6 and C6-7, cervical facet disease congenital small spinal canal. The patient has been recommended to undergo facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound rub ketoprofen 50%, gabapentin 5%, baclofen 2.5%, cyclobenzaprine 2.5%:**  
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 Page(s):  
111.

**Decision rationale:** The clinical documentation submitted for review does evidence the patient continues to present with chronic pain complaints about the cervical spine and bilateral shoulder status post a work-related injury sustained in 2003. The provider documents the patient's medication regimen which already included Lidoderm patches and Dendracin. The provider documented the patient was discontinued oral gabapentin due to side effects causing drowsiness and cognitive blunting. However, the California MTUS indicates a lack of support for topical baclofen, gabapentin, ketoprofen, and cyclobenzaprine. These medications are not recommended topically as there is no peer reviewed literature to support use and no evidence for use of any muscle relaxant as a topical product. Given all of the above, the request is not medically necessary or appropriate.