MAXIMUS Federal Services

Case Number:	CM13-0034564		
Date Assigned:	12/18/2013	Date of Injury:	11/27/2007
Decision Date:	04/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert 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 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/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 53-year-old female who reported an injury on 11/27/2007. The patient was reportedly injured secondary to repetitive work duties. The patient is currently diagnosed with lumbar discopathy, right knee internal derangement, status post C3-6 hybrid reconstruction, bilateral shoulder pain, bilateral carpal tunnel syndrome, left knee internal derangement, and status post left foot fourth and fifth phalanx fracture. The patient was recently seen by [redacted] on 08/06/2013. The patient reported ongoing pain in the hip, left foot, and neck. Physical examination revealed tenderness to palpation of the cervical spine, intact sensation, tenderness of bilateral shoulders and wrists, positive Tinel's and Phalen's testing, decreased sensation, tenderness to palpation of the lumbar spine, positive straight leg raising, dysesthesia, and weakness. Treatment recommendations included continuation of current medication, including Medrox patch and Lenzagel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 2% / CAPSAICIN 0.125% / KETOPROFEN 10% CREAM #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 11TH ED. MCGRAW HILL, 2006,

THE PHYSICIAN'S DESK REFERENCE, 65TH ED., WWW.RXLIST.COM, ODG WORKERS COMEPNSATION DRUG FORMULARLY, EPOCRATES ONLINE

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Although it is stated that the patient is currently utlizing topical analgesics secondary to a gastric bypass surgery, the MTUS Chronic Pain Guidelines do not recommend the use of Cyclobenzaprine as a topical product. Additionally, the only FDA-approved topical NSAID is Diclofenac. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary and appropriate.