

<b>Case Number:</b>	CM13-0041078		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 6/30/10 which reportedly caused injury to her cervical spine, left shoulder, low back, bilateral knees, and right shoulder. Prior treatments have included medications, physical therapy, acupuncture, and chiropractic care. The patient's most recent clinical examination findings included tenderness to palpation of the cervical spine with limited range of motion secondary to pain, and limited left shoulder range of motion secondary to pain. The patient's diagnoses included cervical sprain/strain, right shoulder and left shoulder sprain/strain, low back pain with radiculitis, and bilateral knee, ankle, foot sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(2) 240 grams of Cyclobenzaprine-Ketoprofen-Lidocaine cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Chronic Pain Medical Treatment Guidelines Page(s): pages 111-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Chronic Pain Medical Treatment Guidelines Page(s): Page 111.

**Decision rationale:** The California MTUS does not recommend the use of Cyclobenzaprine as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this

medication. The California MTUS does not support the use of Ketoprofen as a topical analgesic, as it is not FDA approved in this formulation. Additionally, the MTUS does not support the use of Lidocaine in a cream formulation either, as it is not FDA approved for the treatment of neuropathic pain. Additionally, the MTUS does not recommend the use of any topical analgesic that contains at least one drug or drug class that is not supported by guideline recommendations. As such, the request is not medically necessary or appropriate.

**The purchase of a solar care FIR system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines

**Decision rationale:** The clinical documentation submitted for review reflects that the patient has low back pain that may benefit from a short course of infrared therapy. However, the request is for purchase of this equipment. The Official Disability Guidelines only recommend infrared therapy for short courses of treatment for acute exacerbations of low back pain. Therefore, the purchase of this equipment would not be supported. As such, the request is not medically necessary or appropriate.