

Case Number:	CM13-0046854		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2011
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 52-year-old female who reported a work-related injury on 10/24/2011 as a result of cumulative trauma. The patient presents for treatment of the following diagnoses, cervical discopathy with radiculitis, lumbar radiculitis, shoulder impingement syndrome with rotator cuff tear bilaterally, left greater than right, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome/double crush, bilateral hip sprain with bursitis, plantar fasciitis, right greater than left. The clinical note dated 10/16/2013 reported the patient was seen under the care of [REDACTED]. The provider documented the patient presented with continued complaints of persistent pain of the cervical spine, low back and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication review of Cyclo/Caps/Ketop, #120 for neck pain as an outpatient:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's duration of use with this topical analgesic, efficacy of treatment as noted by a decrease in rate of pain on a VAS as well as increase in objective functionality as a result of utilization of requested compound analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Cyclobenzaprine as well as ketoprofen are not supported for topical use. Given all of the above, the request for Cyclo/Caps/Ketop #120 for neck pain is not medically necessary or appropriate.