

Case Number:	CM13-0047212		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2011
Decision Date:	06/04/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This is a 44-year-old female who sustained an injury on 4/5/2011. The examination on 12/11/13 stated that the patient was having severe throbbing pain with a visual analog score of 8/10 in her right arm, wrist and hand. The patient complains of pain radiating into the third and fourth digit of her right hand and any repetitive motion increases the pain. An earlier exam noted right-sided neck pain and tenderness with a visual analog score of 9/10. There was increased neck pain with turning her head from side to side, flexing and extending her head, reaching and lifting. Physical examination revealed right shoulder pain, loss of ulnar nerve sensation on the right, right medial epicondylitis, decreased sensation over the C7 and C8 dermatome, and right elbow tenderness. Diagnoses are cervical strain/sprain, right shoulder rotator cuff strain, right medial epicondylitis, and status post carpal tunnel surgery with residual pain. EMG (electromyography) and nerve conduction studies done on 3/22/2013 were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE PRESCRIPTION OF TOPICAL COMPOUND FLURBIPROFEN/CAPSAICIN/MENTHOL #120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: These medications are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical non-steroidal anti-inflammatory drugs (NSAIDs), are normally used for knee and elbow pain. There is little evidence to utilize it for spine, hip or shoulder. They are usually recommended for short-term use. There is no documentation that the patient has been tried on antidepressants or anticonvulsants. The patient has been on this type of medication for several months. Therefore, based on guidelines and a review of the submitted documentation, the request for Topical Compound Flurbiprofen/Capsaicin/Menthol is not medically necessary.

**PROSPECTIVE PRESCRIPTION OF TOPICAL COMPOUND
KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE CREAM #120 GM: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Ketoprofen is not currently approved for topical application. It has an extremely high incidence of photo contact dermatitis. Topical treatment can result in blood concentrations and systemic effects comparable to those from the oral forms. In regards to Cyclobenzaprine, there is no evidence for the use of other muscle relaxants as a topical product. Lidocaine is recommended as a second line therapy after first-line drugs have failed and further study is needed to recommend it for chronic neuropathic conditions. The MTUS states that any compound product that contained at least 1 drug that is not recommended is not recommended. Therefore, based on guidelines and a review of the submitted documentation, the request for Topical Compound Ketoprofen/Cyclobenzaprine/Lidocaine is not medically necessary.

PROSPECTIVE PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 4-8.

Decision rationale: Current guidelines state that a consultation with a pain management specialist should be considered when pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. This patient has significant complaints of radicular pain with a normal electromyography (EMG) and nerve conduction study. There does not seem to be any rationale for her radicular symptoms.

Therefore, consultation with a pain management specialist to clarify some of the issues that may be contributing to her continuing complaints of pain is medically necessary.