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| Case Number: | CM13-0053630 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/12/2011 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 31-year-old female who sustained injury on 05/12/2011 while she was cleaning at work. Prior treatment history included physical therapy, chiropractic treatment, acupuncture, ibuprofen, and ESIs. Diagnostic studies include the following: MRI of the cervical spine dated 08/09/2012 showed: There is slight broad left apical curvature. There is loss of lordosis. C3-4, a 2-mm right foraminal bulge/ridge with moderate right neural foraminal stenosis. The central canal is slightly reduced. C4-5, a 1 mm bulge. The central canal and foramina are maintained. EMG/NCS of UEs dated 11/16/2012 showed normal electromyography and nerve conduction studies of right upper extremity. MRI of the right shoulder dated 05/20/2013 showed: Tendinopathy with bursitis but no full thickness rotator cuff tear. A progress note dated 11/06/2013 indicates she presented with complaints of headaches and pain on right arm and right hand, complains of tingling on right hand loss of strength. No physical exam noted. A hand written note dated 11/26/2013 indicates she presented with subjective complaints of status post 3 ESI with good feeling. Medications are helping. Objective findings included mild tenderness in lumbar spine paraspinal muscles. A progress note dated 12/11/2013 indicates she presented with complaints of right shoulder moderate to sharp pain that radiates to right arm and hand and right upper back and right shoulder blade. The pain was radiating to neck and head. She complained of swelling on right hand. No physical exam included. Diagnoses were disc bulges, shoulder impingement, de Quervain's tenosynovitis, and shoulder sprain/strain. Treatment plan was continue with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOCYCLO GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: This product is a topical compound containing Ketoprofen and Cyclobenzaprine. According to the guidelines, only FDA-approved products are currently recommended. Ketoprofen is not approved as a topical agent and has a high incidence of photo contact dermatitis. Cyclobenzaprine is also not approved for topical use and its effectiveness is limited. The medical records detail use of oral medications, CBT, TENS unit and exercise, consequently failure or intolerance to other treatments is not demonstrated. The medical necessity of this topical product is not established, and therefore the request is non-certified.