

Case Number:	CM13-0060266		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2008
Decision Date:	08/05/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

The records presented for review indicate that this 62-year-old female was reportedly injured on July 17, 2008. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated October 16, 2013, indicates that there are ongoing complaints of neck pain, shoulder pain, and wrist pain. The physical examination demonstrated tenderness of the cervical spine. Cervical spine range of motion was 45 of flexion and 45 of extension. An MRI of the cervical spine was recommended. Previous treatment includes three cervical spine epidural steroid injections. A request had been made for Ketoprofen 10%, Baclofen 2%, Cyclobenzaprine/lidocaine 5%, menthol 5%, 120 gm and was not certified in the pre-authorization process on November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 10%, BACLOFEN 2%, CYCLOBENZAPRINE/LIDOCAINE 5%, MENTHOL 5%, 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 , MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines only topical analgesics including anti-inflammatories, lidocaine, and capsaicin are recommended for usage. Any additional compounded agents are largely experimental without peer-reviewed evidence-based medicine supporting their usage. For this reason this request for Ketoprofen 10%, Baclofen 2%, Cyclobenzaprine/Lidocaine 5%, Menthol 5%, 120 gm is not medically necessary.