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| Case Number: | CM13-0065583 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 04/02/2012 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Family Medicine, 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:

The patient is a 30-year-old female with a date of injury on April 2, 2012. Patient has ongoing symptoms to the head and neck after sustaining a contusion of the face, scalp and neck. Subjective complaints are of headaches at the top of her head, and neck pain with radiation to the upper back and shoulders. Physical exam shows an atraumatic scalp, tenderness over cervical spine and paraspinal muscles, and decreased cervical range of motion. There is decreased sensation over C5-T1 dermatomes in the bilateral upper extremities. Previous treatments have included physical therapy, muscle relaxants, and self treatment with Motrin. Current medications are deprizine, dicopanl, fanatrex, synapryn, trabradol, cyclobenzaprine cream, and ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CYCLOBENZAPRINE 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine(Flexeril)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers chronically, which is longer than the recommended course of therapy of two to three weeks. Furthermore, the Chronic Pain Medical Treatment Guidelines states there is no evidence for use of any muscle relaxant as a topical product. There is no evidence in the documentation that shows evidence that the patient experienced improvement with the ongoing use of cyclobenzaprine. For these reasons, topical ketoprofen and topical cyclobenzaprine do not meet current use guidelines, and are therefore not medically necessary. The request for compound cyclobenzaprine 120 grams is not medically necessary or appropriate.

TABRADOL 1 MG, 250ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants Page(s): 41-42, 63.

Decision rationale: This medication contains cyclobenzaprine. CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers chronically, which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that shows evidence that the patient experienced improvement with the ongoing use of cyclobenzaprine. The guidelines clearly suggest cyclobenzaprine as short term therapy. The request for Tabradol 1mg, 250 ml, is not medically necessary or appropriate.

COMPOUND KETOPROFEN 120GM: 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): 111-113..

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but with a diminishing effect over another two week period. The NSAID in this compound is ketoprofen, which is not currently FDA approved for a topical application. Furthermore, there is not submitted documentation regarding intolerance or failure of oral NSAIDS. The request for compound Ketoprofen is not medically necessary or appropriate.