

Case Number:	CM13-0068948		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2012
Decision Date:	04/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation 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 patient is a 39 year old female who was injured on 05/10/2012 while performing her customary work duties as a groundskeeper, when she injured her neck, arms, wrists, and hands. Prior treatment history has included physical therapy treatment for the cervical spine. The patient underwent a carpal tunnel release on the right wrist. Medication history includes Tylenol #3 for pain control. 11/11/2013 Medications Include (Unknown if they are being taken): Deprizine Dicopanol Fanatrex Synapryn Tabradol Cyclophene Ketoprofen Cream PR2 dated 11/06/2013 documented the patient to have complaints of neck pain associated with numbness and tingling of the bilateral upper extremities, bilateral elbow pain, status post right wrist carpal tunnel release surgery, with residual pain, bilateral wrist and hand pain and she is experiencing stress. Objective findings on exam revealed tenderness to palpation at the paraspinal, trapezius, and scalene muscles. There is tenderness to palpation at the subocciput; decreased range of motion. The patient was diagnosed with 1) Cervical spine strain/sprain; 2) Cervical spine radiculopathy; 3) Cervical spine degenerative disc disease; 4) Cervical disc displacement; 5) Bilateral elbows cubital tunnel syndrome; 6) Status post right wrist carpal tunnel release with residual pain; and 7) Bilateral wrist carpal tunnel syndrome. The treatment plan for the patient is to continue the course of physical therapy treatment for the cervical sprain in a frequency of 3 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% in PLO gel 120mg: 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 (NSAIDs) Page(s): 111-113.

Decision rationale: According to the CA MTUS, Ketoprofen 20% in PLO gel 120 mgs is recommended for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Neuropathic pain: Not recommended as there is no evidence to support use". The medical records document the patient was diagnosed with neuropathic pain and there was no documentation of osteoarthritis or tendinitis. In the absence of documented diagnosis, the request is not medically necessary according to the guidelines.

Cyclobenzaprine 5% in PLO gel 120gms: 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 (NSAIDs) Page(s): 111-113.

Decision rationale: According to the CA MTUS, cyclobenzaprine is not recommended as a topical product. In the absence of the recommended topical formulation of this product, the request is not medically necessary according to the guidelines.