

Case Number:	CM13-0071338		
Date Assigned:	01/08/2014	Date of Injury:	12/11/2012
Decision Date:	06/13/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 Texas. 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 injured worker is a 42 year old female who reported an injury on 12/11/2012. The mechanism of injury was due to boxes falling on shoulder. The clinical note dated 07/22/2013 reported the injured worker complained of soreness to her shoulder, with tingling and numbness sensation in her right 3rd -5th digits. The injured worker had 10 sessions of physical therapy which have helped with her range of motion and pain. The injured worker noted she was unable to hold more than 8 pounds. The physical exam noted a positive Hawkins's and Neer's test, with 120 degrees of flexion and abduction. The physician recommend the injured worker to continue with physical therapy. The clinical note dated the physician requested for flurbiprofen/capsaicin/menthol/camphor topical cream and ketoprofen/cyclobenzaprine/lidocaine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPBOR TOPICAL CREAM: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend capsaicin is only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also note flurbiprofen recommended for osteoarthritis and mild to moderate pain. In addition the guidelines also note topical analgesics are indicated for osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment and only recommended for short-term use of 4-12 weeks. There is a lack of objective findings indicating the injured worker to have osteoarthritis. The injured worker had also been prescribed the requested medication since 12/04/2013 which exceeds the guideline recommendations of 4-12 weeks. In addition the provider failed to provide the quantity of medication to be dispensed. Therefore, the request for flurbiprofen/capsaicin/menthol/camphor topical cream is not medically necessary.

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE TOPICAL CREAM: Upheld

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

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

Decision rationale: The injured worker complained of soreness to her shoulder, with tingling and numbness sensation in her right 3rd -5th digits. The injured worker had 10 sessions of physical therapy which have helped with her range of motion and pain. The injured worker noted she was unable to hold more than 8 pounds. The California MTUS guidelines note lidocaine recommended for localized peripheral pain after there has been evidence of trial of first line therapy. The guidelines also note there is no evidence for use of any other muscle relaxant as a topical product. In addition the guidelines also note topical analgesics are indicated for osteoarthritis and tendinitis in particular, that of the knee and elbow or other joints that are amenable to topical treatment and only recommended for short-term use of 4-12 weeks. The guidelines indicate Ketoprofen is not currently FDA approved for topical application and has an extremely high incidence of photocontact dermatitis. There is a lack of documentation supporting the guidelines indicating the injured worker to have osteoarthritis. There is also a lack of documentation indicating the injured worker had not responded or intolerant to other medication. In addition the injured worker had been prescribed the requested medication since 12/04/2013 which exceeds the guideline recommendations of 4-12 weeks. Furthermore, the provider failed to provide the quantity of medication to be dispensed. Therefore, the request is not medically necessary.