

Case Number:	CM14-0001227		
Date Assigned:	01/22/2014	Date of Injury:	09/10/2008
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational 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:

The patient is a 48 year old female with date of cumulative trauma injury 07/2008 through 09/12/2008. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/11/2013, lists subjective complaints as pain in her head, left shoulder, elbow, forearm, wrist, hand and fingers. She also complains of pain in her neck, upper back, lower back, hips, thighs, knees, ankles and feet. Objective findings: Examination of the upper left extremities revealed tenderness to palpation, but no decreased range of motion. Phalen's test, Tinel's sign and Finklestein's test were negative on both wrists. Examination of the spine revealed tenderness to palpation of the paraspinal musculature throughout, but no decreased range of motion. Examination of the lower extremities revealed no loss of sensibility, no abnormal sensation or pain throughout. There was no decreased range of motion. Diagnosis: 1. Post status left shoulder arthroscopy 2. Thoracic or lumbosacral neuritis or radiculitis 3. Brachial neuritis 4. Headache 5. Sprain of unspecified site of left shoulder and upper arm 6. Pain in joint involving left forearm 7. Pain in joint involving left hand 8. Cervical sprain 9. Unspecified sleep disturbance 10. Thoracic sprain 11. Lumbar sprain 12. Anxiety. The medical records provided for review show no evidence that the patient has been prescribed any of the following medication before the date of the request for authorization. Medications: Compounded Ketoprofen 20% in PLO Gel 120 grams and Cyclophene 5% in PLO gel: 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20% IN PLO GEL 120 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound Drugs.

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

Decision rationale: According to CA MTUS Guidelines Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Compounded Ketoprofen 20% In PLO Gel 120 gram is not medically necessary.

COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medication-Compound Drugs.

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

Decision rationale: According to CA MTUS Guidelines Cyclophene is cyclobenzaprine, a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. The Compounded Cyclophene 5% in PLO Gel 120 grams is not medically necessary.