

Case Number:	CM14-0103402		
Date Assigned:	09/16/2014	Date of Injury:	12/24/2008
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 52-year-old male with an injury date of 12/24/2008. Based on the 05/20/2014 progress report, the patient complains of having discomfort in his lower back and leg. There is improvement in lumbosacral range of motion, and the motor strength is 5/5 in the lower extremities. The patient's diagnoses include right shoulder rotator cuff injury with status post right shoulder surgical repair; lumbosacral sprain/strain injury; possible lumbosacral disk injury; lumbosacral facet arthropathy with foraminal stenosis; right shoulder sprain/strain injury and lumbosacral sprain/strain injury. There were no further positive exam findings provided. The utilization review determination being challenged is dated 07/30/2014. Treatment reports are provided from 10/08/2013-07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal containing Ketoprofen, Cylobenzapriner, Capsaicin, Menthol and Camphor:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical NSAIDs, and topical muscle relaxant se.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Page(s): 111.

Decision rationale: Based on the 05/20/2014 progress report, the patient complains of having pain in his lower back and leg. The request is for a transdermal containing Ketoprofen, Cyclobenzaprine, Capsaicin, Menthol, and Camphor. According to MTUS Guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, page 111, states the following: "Non-FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical ointment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure." In this case, Ketoprofen is not recommended. Cyclobenzaprine is not supported by MTUS for topical use either. Therefore, this request is not medically necessary.