

Case Number:	CM14-0011374		
Date Assigned:	02/21/2014	Date of Injury:	06/16/2010
Decision Date:	08/04/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 65-year-old male who has submitted a claim for bilateral cubital tunnel syndrome; bilateral rotator cuff tear; bilateral carpal tunnel syndrome; lateral epicondylitis; cervical and lumbar spine herniated nucleus pulposus and radiculopathy; bilateral knee sprain/strain, and sleep disorder associated with an industrial injury date of June 16, 2010. Medical records from 2013 were reviewed. The patient complained of neck and lower back pain with radiation, numbness, and tingling sensation to all the extremities. Physical examination showed restricted cervical, bilateral shoulders, and lumbar ROM; tenderness over the suboccipital muscles, scalene muscles, and L3-L5; bilateral shoulder crepitus; positive cervical distraction, maximal compression, Neer's, and Empty Can tests; positive SLR, and decreased sensation over the lower extremities. Treatment to date has included medications, activity restriction, chiropractic sessions, physical therapy, EWST, and topical analgesics. Utilization review from December 30, 2013 denied the requests for Ketoprofen 20%, 120GM and compounded Cyclophene 5%, 120GM because Ketoprofen and Cyclophene are not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20 % 120 Gm: 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 Page(s): 111-112.

Decision rationale: As stated on pages 111-112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient was prescribed Ketoprofen as early as April 2013. There were no reports of intolerance or failure of oral pain medications. Lastly, Ketoprofen is not recommended for topical use. Therefore, the request for Ketoprofen 20% 120GM is not medically necessary.

Compounded Cyclophene 5 % 120 Gm: 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 Page(s): 111-113.

Decision rationale: Cyclophene contains cyclobenzaprine hydrochloride and other proprietary ingredients. As noted on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Patient has been on this medication since at least April 2013. Cyclophene is a muscle relaxant and is not recommended for topical applications. Therefore, the request for compounded Cyclophene 5% 120GM is not medically necessary.