

Case Number:	CM14-0013027		
Date Assigned:	02/24/2014	Date of Injury:	04/01/2010
Decision Date:	08/07/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker is a 60-year-old female who had cumulative trauma type injuries from 11/08/02 to 08/31/12. As a result of this she developed pain in her neck, shoulders, wrist, lumbar spine, and knees. The injured worker complained of burning radicular neck pain and muscle spasm. Pain described as constant, moderate to severe. Pain was rated 8/10 on a pain analog scale. Bilateral shoulders, injured worker complained of burning bilateral shoulder pain. She also complained of burning bilateral wrist pain and muscle spasm. In her Low, back pain she complained of burning, radicular low back with muscle spasm. The pain was rated 8/10. The pain was constant, moderate to severe. Most recent note dated 10/22/13 cervical spine examination she had tenderness to palpation at paraspinal, trapezius muscles, with trigger points. There was tenderness to palpation at subocciput. Range of motion of cervical spine was normal. Spurling test was negative. Bilateral shoulder examination there was tenderness to palpation at the rotator cuff tendon attachment sites and acromioclavicular joint and subacromial space. Range of motion both shoulders was normal. The patient's Bilateral wrist examination had tenderness to palpation over the carpal bones and thenar eminences. There was tenderness to palpation at the Triangular fibrocartilage complex. Active range of motion was decreased bilaterally flexion 40 degrees extension 30 degrees radial deviation 15 degrees on left 20 degrees on right and ulnar deviation was 20 degrees bilaterally. Sensation to pin prick and light touch was slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Strength in upper extremities was decreased secondary to pain in the upper extremities. Reflexes were 2+ and symmetrical in the bilateral upper extremities. Lumbar examination shows the injured worker was able to toe and heel walk however with pain with heel walking. She was able to squat to approximately 80 degrees of normal due to low back pain. There was tenderness to palpation in the lumbar paraspinal muscles, spinous process L4 through S1. There was also

tenderness at bilateral Posterior Superior Iliac Spine Posterior Superior Iliac Spine. Range of motion of lumbar spine was normal. Sensation was slightly decreased sensation to pin prick and light touch at L4, L5, and S1 dermatomes bilaterally. Motor strength in lower extremities decreased secondary to pain. Reflexes were 2+ and symmetrical in lower extremities. A prior utilization review on 01/09/14 was not medically necessary. The current request is for Ketoprofen 20% PLO gel 120g. Cyclophene 5% PLO gel 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% PLO Gel 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical analgesics.

Decision rationale: The request for Ketoprofen 20% PLO gel 120g is not medically necessary. The California Medical Treatment Utilization Schedule, and the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. This compound contains Ketoprofen, which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.

Cyclophene 5% PLO gel 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, compound drug(s).

Decision rationale: The request for Cyclophene 5% PLO gel 120g is not medically necessary. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. This compound contains Cyclobenzaprine, which has not been approved by the FDA for transdermal

use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.