

Case Number:	CM14-0015723		
Date Assigned:	03/03/2014	Date of Injury:	06/28/2013
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/07/2014

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 and is licensed to practice in Illinois. 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 51 year old female who reported an injury on 06/28/2013. The mechanism of injury was reported as a fall. The diagnoses included cervical spine sprain/strain, right shoulder rotator cuff tear, left shoulder sprain/strain, right wrist and hand sprain/strain, and herniated lumbar disc at L4-5 and L5-S1 with radiculopathy. Per the 11/22/2013 progress report, the injured worker reported neck and right shoulder pain with associated pain and numbness to both hands and wrists. Examination of the cervical spine noted tenderness to palpation, decreased range of motion, positive cervical spine compression test, and positive shoulder compression test. Examination of the right shoulder noted decreased range of motion, tenderness to palpation to the anterior superior glenohumeral joint, and positive right impingement syndrome test. It was noted the injured worker was utilizing a lumbar spine brace for support. The injured worker's medication regimen included Naproxen 550 mg, Tramadol ER 150 mg, Norco 10/325 mg, and Flexeril 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN POWDER 10%, CYCLOBENZAPRINE HCL POWDER 3%, LIDOCAINE HCL 5%, ULTRAM BASE CREAM, DISPENSED AT (10/10/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL MEDICATIONS,

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Ketoprofen is not FDA approved for topical application. Cyclobenzaprine is not recommended as there is no evidence for its use as a topical product. The only commercially approved topical formulation of lidocaine is Lidoderm. The requested cream contains at least 1 drug that is not recommended; therefore, its use is not supported by the MTUS Chronic Pain Guidelines. In addition, the submitted request does not specify the site of application. As such, the request is not medically necessary and appropriate.