

Case Number:	CM14-0016243		
Date Assigned:	04/11/2014	Date of Injury:	12/10/2009
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 and 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 reported an injury on December 10, 2009. She was diagnosed with right shoulder impingement, rule out internal derangement; cervical spine herniated nucleus pulposus at C4/5 and C5/6 with right upper extremity radicular pain and paresthesia; lumbar herniated nucleus pulposus with disc collapse at L5/S1 with right lower extremity radicular pain and paresthesia; right ankle sprain/strain, rule out internal derangement. According to the November 4, 2013 orthopedic report the injured worker presents with 5/10 neck pain that radiates to the right upper extremity. She also had 7/10 low back pain radiating to the right pelvis and hip; 5/10 right shoulder pain; 3/10 right hand intermittent pain; and 7/10 pain in the knees. She uses Flexeril, Anaprox and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound of Flurbiprofen 20% gel (quantity unknown): Upheld

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

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

Decision rationale: According to the November 4, 2013 orthopedic report the injured worker presents with 5/10 neck pain that radiates to the right upper extremity. She also had 7/10 low back pain radiating to the right pelvis and hip; 5/10 right shoulder pain; 3/10 right hand intermittent pain; and 7/10 pain in the knees. The physician states the patient was prescribed Flurbiprofen gel, to apply to the affected area 2-3 times a day as directed. There was no mention of what body region this was to be used on. The report recommended therapy for the cervical spine, lumbar spine and right shoulder. MTUS guidelines for topical NSAIDs states there is little evidence showing support for use of topical NSAID on the spine, hip or shoulders. The physician did not state where the patient was directed to use the topical NSAID. I cannot confirm that the request is in accordance with the MTUS guidelines, as the patient has complaints in regions where MTUS states that topical NSAIDs are not recommended. Therefore, the request is not medically necessary.

Topical Compound of Ketoprofen 20%, Ketamine 10% gel (quantity unknown): Upheld

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

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

Decision rationale: On page 111, under topical analgesics, MTUS gives a general statement about compounded products: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states topical gabapentin is not recommended; and also states that the FDA has not approved ketoprofen for topical applications. Therefore the whole compounded topical that contains gabapentin or ketoprofen would not be recommended. Therefore, the request is not medically necessary.

Topical Compound of Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Applications Page(s): 112-113.

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

Decision rationale: On page 111, under topical analgesics, MTUS gives a general statement about compounded products: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states topical gabapentin is not recommended; and also states that the FDA has not approved ketoprofen for topical applications. Therefore the whole compounded topical that contains gabapentin or ketoprofen would not be recommended. Therefore, the request is not medically necessary.