

Case Number:	CM14-0110098		
Date Assigned:	08/01/2014	Date of Injury:	11/29/2006
Decision Date:	10/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old male was reportedly injured on 11/29/2006. The most recent progress note, dated 7/28/2014. Indicates that there are ongoing complaints of neck pain that radiates in the right upper extremity, and low back pain that radiates into the right lower extremity. The physical examination demonstrated: right shoulder range of motion is restricted, positive impingement, muscle strength 5/5 except for weakness in the right deltoid and internal/external rotators. Sensation intact. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, medications, and conservative treatment. A request had been made for Flurbiprofen 20% Cream 120gm, Ketoprofen 20% Ketamine 10% 120gm, Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.375% Cream 120GM and was denied in the pre-authorization process on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. 1 PRESCRIPTION FOR FLURBIPROFEN 20% CREAM 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26is; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.

1 PRESCRIPTION FOR KETOPROFEN 20% KETAMINE 10% 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26is; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.

GABAPENTIN 10% CYCLOBENZAPRINE 10% CAPSAICIN 0.375% CREAM 120GM:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including Cyclobenzaprine, is not recommended. As such, this request is not considered medically necessary.