MAXIMUS Federal Services

Case Number:	CM14-0113778		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2012
Decision Date:	10/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain Management 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 39-year-old female who sustained work-related injuries on May 17, 2011 through May 17, 2012. X-rays of the cervical and lumbar spine per February 20, 2014 noted loss of lordosis, limited range of motion, but no fracture. The right shoulder x-rays revealed no fracture. In the most recent medical records, dated May 15, 2014, the injured worker stated that pain and symptoms in her neck, low back and bilateral shoulders remain unchanged. She complained of cramping sensation in her right hand, symptoms of which are radiating up to her arm. The right wrist examination noted decreased range of motion. Tenderness was noted on the distal radicular joint. Tinel's, Phalen's, and Finkelstein's tests were positive. Lumbar examination noted limited range of motion bilaterally. Tenderness was noted along the lumbar paraspinal musculature. The straight leg raise test was positive. She is diagnosed with (a) cervical spine strain/sprain rule out herniated cervical disc with radiculitis/radiculopathy with the right greater than left; (b) right shoulder strain/sprain with positive magnetic resonance imaging of supraspinatus and infraspinatus; (c) lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy; (d) right wrist sprain/strain rule out tendinitis, impingement, and (e) symptoms of gastritis nonsteroidal anti-inflammatory drugs related.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Cyclobenzaprine, Lidocaine Compound Cream: 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: According to Chronic Pain Medical Treatment Guidelines, topical creams and analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily intended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Also, guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker does not show any signs of neuropathic pain. Moreover, the only recommended active component in this compounded medication is lidocaine; however, it is only recommended if it is in a patch form. The other components does not have any recommendation regarding being part of a compounded medication. Based on these reasons, the medical necessity of the requested Ketoprofen/Cyclobenzaprine, Lidocaine compounded cream is not established.