

Case Number:	CM14-0129892		
Date Assigned:	08/20/2014	Date of Injury:	10/25/2012
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational 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 patient is a 56-year-old female who has submitted a claim for left shoulder sprain and strain associated with an industrial injury date of October 25, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain rated 7-8/10 with numbness and tingling of the bilateral upper extremities; bilateral shoulder pain, rated 7/10 on the right and 7-8/10 on the left; bilateral elbow pain rated 4-8/10 with muscle spasms; bilateral wrist pain rated 3-5/10 with muscle spasms; mid back pain rated 6/10 with muscle spasms; low back pain rated 7/10 with muscle spasms and numbness and tingling of the bilateral lower extremities; bilateral knee pain rated 5-7/10 with muscle spasms and numbness, tingling and pain radiating to the feet; and bilateral ankle pain rated 3-5/10 with muscle spasms. The patient is status post left shoulder arthroscopic biceps tenodesis, Mumford acromioplasty, and lysis of adhesions, subacromial bursectomy, partial synovectomy, and removal of loose bodies on September 3, 2013. Use of topical medications such as ketoprofen and cyclophene gel was noted as far back as November 2013. Response to these topical medications was not discussed. Physical examination of the cervical spine showed +2 tenderness over the suboccipital region, trapezius muscles, SCM; limitation of motion; and positive cervical distraction, shoulder depression and maximal foraminal compression tests on the right. Bilateral upper extremity examination showed +2 tenderness at the GH joint, supraspinatus muscles and tendon attachment, AC joint, subacromial space, left rotator cuff tendon attachment, lateral epicondyle, carpal bones; +1 tenderness over the carpal tunnel and at the fourth and fifth dorsal extensor muscle compartment on the right; limitation of motion of the bilateral shoulders, elbows and wrists; bilaterally positive Neer's Impingement sign, Apley's Scratch and supraspinatus; bilaterally positive Cozen's sign; positive Tinel's on the right wrist; diminished sensation to pinprick and light touch over C7 and C8 dermatomes; and decreased motor strength due to pain. Examination of the thoracic and lumbar

spine showed tenderness over T3-T5 spinous process with bilateral thoracic muscle guarding; tenderness over the sacrotuberous ligaments with bilateral lumbar paraspinal muscle guarding; limitation of motion of the thoracic and lumbar spine; positive Kemp's test; and bilaterally positive straight leg raise at 55 degrees and sitting root test. Gait is abnormal. Examination of the lower extremities showed +2 tenderness over the right knee medial joint line, and left knee medial and lateral joint line; +1 tenderness over the right knee lateral joint line and right patellofemoral joint; +2 tenderness over the right anterior talofibular ligament and medial and lateral malleolus; limitation of motion of the bilateral knees on flexion with -10 degrees bilateral knee extension; limitation of motion of the bilateral ankles; positive varus/valgus stress test on the right; positive anterior/posterior drawer test bilaterally; decreased muscle strength of bilateral knee flexors and extensors at 4/5; and diminished sensation to pin-wheel and sharp touch at L5 and S1 dermatomes. The diagnoses include other cervical disc displacement, unspecified cervical region; sprain of ligaments of cervical spine; radiculopathy, cervical region; status post right shoulder arthroscopy; primary osteoarthritis, bilateral shoulders; bilateral shoulder tendonitis; impingement syndrome of the left shoulder; bilateral shoulder rotator cuff tear; right biceps tendon tenosynovitis; bilateral shoulder effusion; bursitis of the right shoulder (subcoracoid); lateral epicondylitis, right elbow; other bursitis of elbow, right; right elbow effusion; left elbow pain; sprain and strain of thoracic spine; other intervertebral disc displacement, lumbar region; lumbar radiculopathy; bilateral primary osteoarthritis of knee; bilateral knee effusion; synovial cyst of popliteal space [Baker], left knee; other tear of medial meniscus, current injury, bilateral knee; right ankle plantar fasciitis; secondary osteoarthritis, bilateral ankle and foot; bilateral ankle effusion; and bilateral ankle joint derangement. Treatment to date has included oral and topical analgesics, physical therapy, acupuncture, chiropractic therapy, shoulder injections, and left shoulder surgery. Utilization review from August 1, 2014 denied the request for creams ketoprofen, cyclobenzaprine. It is not FDA approved, and there was no specific clinical indication for this compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creams Ketoprofen, Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (shoulder and chronic pain) Treatment Guidelines; compounded cream.

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

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photo contact dermatitis. There is also no evidence to support the use of topical cyclobenzaprine, and its addition to other agents is not recommended. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. In this case, there was no evidence of trial and failure of first line agents to manage pain. The guideline recommends topical preparations for neuropathic pain only when antidepressants or anticonvulsants have failed. Likewise, both components of the requested compounded medication are not recommended by the guideline. Any compounded product that contains at least one drug that is not recommended is not recommended. Furthermore, topical ketoprofen use was noted as far back as November 2013. However, there was no evidence of pain improvement and functional gains from its use. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Creams Ketoprofen, Cyclobenzaprine is not medically necessary.