

Case Number:	CM14-0131473		
Date Assigned:	08/20/2014	Date of Injury:	11/03/2012
Decision Date:	12/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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:

Patient is a 21 year-old female with date of injury 11/03/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/24/2014, list subjective complaints as pain in the bilateral shoulders, elbows and wrists. Objective findings: Bilateral shoulders: Tenderness to palpation at the supraspinatus and infraspinatus muscles and decreased range of motion in all planes. Positive supraspinatus orthopedic test bilaterally. Bilateral elbows: Tenderness to palpation at the lateral and medial epicondyles and restricted active range of motion. Positive Cozen's sign bilaterally. Bilateral wrists: Tenderness to palpation and decreased range of motion in all planes. Finkelstein's test was positive bilaterally. Sensation to pinprick was intact over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength was decreased secondary to pain in the bilateral upper extremities. Diagnosis: 1. Bilateral shoulder tendinosis. 2. Left shoulder effusion. 3. Bilateral elbow tendonitis. 4. Left elbow bilateral epicondylitis 5. Bilateral wrist sprain/strain 6. Right wrist TFCC tears 7. Left wrist effusion. 8. Left wrist synovial cyst. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two months. Medications: 1. Compounded Cream: Cyclobenzaprine 5% PLO Gel, 120grams SIG: apply topically twice a day. 2. Compounded Cream: Ketoprofen 20% in PLO gel, 120 grams SIG: apply topically twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Compounded Cyclobenzaprine 5 Percent Plo Gel 120 Grams: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Retrospective Compounded Cyclobenzaprine 5 Percent Plo Gel 120 Grams is not medically necessary.

Retrospective Compounded Ketoprofen 20 Percent in Plo Gel 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The compound contains ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. RETROSPECTIVE COMPOUNDED KETOPROFEN 20 PERCENT IN PLO GEL 120GRAMS is not medically necessary.