

Case Number:	CM14-0155910		
Date Assigned:	09/25/2014	Date of Injury:	12/27/2013
Decision Date:	11/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 patient is a 34-year-old female with date of injury of 12/27/2013. The listed diagnoses per [REDACTED] from 08/05/2014 are: 1. Cervical spine sprain/strain with left greater than right radiculopathy. 2. Left greater than right shoulder strain, myofasciitis. 3. Bilateral wrist strain, rule out carpal tunnel syndrome. According to this handwritten report, the patient complains of cervical spine pain, bilateral shoulder pain and bilateral hand pain. She rates her cervical pain a 7/10 and describes it as intermittent sharp that radiates to the bilateral shoulders and arms. There is increased pain with flexion of the cervical spine including sudden movements. Chiropractic treatment was helping on the right shoulder, but not on the left shoulder. Positive spasms were noted in the left traps. The bilateral shoulder pain is constant at a rate of 5/10 to 6/10. The provider references an MRI of the left shoulder, date of which is unknown, that showed positive supraspinatus tendinosis. She had left shoulder CI with no reports of relief. Bilateral hand pain is intermittent increases with lying down and sleeping at night. The patient wears a brace. The patient also has a history of gastritis with NSAID use. No physical examination was noted on this report. The utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba Keto Lido cream, apply twice daily, 240 grams each with 1 refill: Upheld

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

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

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral hand pain. The provider is requesting Gaba/Keto/Lido cream. The MTUS Guidelines page 111 on topical analgesic states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The records show that the patient was prescribed this compound cream on 08/05/2014. In this case, Ketoprofen is currently not FDA approved for topical application. Therefore, the request is not medically necessary.

Prilosec 20mg, #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral hand pain. The provider is requesting Prilosec 20mg. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution to determine if the patient is at risk for gastrointestinal events: Ages greater than 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; and high-dose multiple NSAIDs. The records show that the patient was prescribed Prilosec on 06/25/2014. In the same report, the provider notes that the patient has GI upset due to NSAID use. In this case, MTUS supports the use of PPIs for patients reporting gastrointestinal events with medication use. Therefore, the request is medically necessary.

CycloKetoLido cream, 240 grams each with 1 refill: Upheld

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

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

Decision rationale: This patient presents with cervical spine, bilateral shoulder, and bilateral hand pain. The provider is requesting Cyclo/Keto/Lido cream. The MTUS Guidelines page 111 on topical analgesic states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when

trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended."The records show that the patient was prescribed this compound cream on 08/05/2014. In this case, Ketoprofen is currently not FDA approved for topical application. Therefore, the request is not medically necessary.