

<b>Case Number:</b>	CM14-0159556		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Colorado. 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:

Injured worker is a 62 year old male who sustained an industrial injury on 8/18/2010 resulting in chronic neck and low back pain. A PR-2 report of 9/4/14 reports neck pain with bilateral upper extremity pain complaints, low back, and bilateral lower extremity pain, 5/10. He reports improved function and relief from current medications of Norco, Prilosec, Docuprene, Terocin patches, minimal relief from physical therapy, chiropractic, acupuncture and epidural injections. Examination notes tenderness cervical and lumbar spine with spasm, decreased sensation at C5, C7, C8 dermatomes, L5 dermatone, 4+/5 strength, straight leg raise causes pain at 60 degrees, positive slump test on right. The diagnosis is cervical stenosis, degenerative disc disease cervical spine with radiculopathy, lumbar radiculopathy, multiple herniations lumbar spine. Magnetic resonance imaging scan of the lumbar spine of 2011 shows multilevel degenerative disc disease with stenosis; 2011 electromyogram of upper extremity is positive for carpal tunnel syndrome, no evidence of cervical radiculopathy; electromyogram lower extremity is positive for L4/5/S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20%:** Upheld

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

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

**Decision rationale:** Topical medications are largely experimental. They are primarily used for neuropathic pain when oral anticonvulsant medications have failed. The medical records do not reflect a neuropathic pain condition or an osteoarthritic condition. There is no indication that oral medications have been attempted or failed. Thus, the use of this topical medication is not medically necessary as its use is not supported by the guidelines for the conditions identified in the medical records.

**Caps.05%+Cyclo 4%:** Upheld

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

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

**Decision rationale:** Topical medications are largely experimental. They are primarily used for neuropathic pain when oral anticonvulsant medications have failed. The medical records do not identify a neuropathic pain condition in the injured worker and there is no indication of use of recommended oral medications that have failed. Cyclobenzaprine is not recommended as a topical agent and the guidelines note that any combination of medications containing one or more non recommended components is not supported for use.