

Case Number:	CM14-0167406		
Date Assigned:	10/14/2014	Date of Injury:	09/24/2013
Decision Date:	11/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/10/2014

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 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:

According to the medical records the patient is a 48-year-old male dishwasher who sustained an industrial injury on September 24, 2013. Mode of injury is noted to cumulative trauma to the neck, right shoulder, right elbow, low back and right knee. The patient presented for an initial orthopedic consultation on March 3, 2014 at which time he complained of neck, right shoulder, right elbow, low back and right knee pain. The patient was diagnosed with cervical region intervertebral disc syndrome, cervical region radiculopathy, right shoulder joint derangement, right elbow joint derangement, lumbar spine sprain of ligaments, and right knee internal derangement. The patient was to continue his treatments with the chiropractor. Treatment plan consisted of multiple medications which included topical Ketoprofen and Cyclobenzaprine. The patient presented for a follow-up on August 20, 2014 at which time he complained of neck, right shoulder, right elbow, low back and right knee pain. Treatment plan was for physical therapy, chiropractic care, and Terocin Patches. Recommendation was also made for diagnostic studies consisting of right shoulder, lumbar, cervical and thoracic MRI, right knee MRA, and electrodiagnostic studies of the upper and lower extremities. The patient is to continue taking medications. Medications included Cyclobenzaprine and Ketoprofen cream. Utilization review was performed on September 9, 2014 at which time the request for Ketoprofen/Cyclobenzaprine dispensed on March 15, 2014 was retrospectively noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketoprofen/Cyclobenzaprine, dispensed on 3/15/2014: 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): 110-112.

Decision rationale: According to the CA MUTS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines specifically state that Ketoprofen is not currently FDA approved for a topical application, and it has an extremely high incidence of photocontact dermatitis. With regards to Cyclobenzaprine, the guidelines state that there is no evidence for use of muscle relaxant as a topical product. Therefore, retrospectively, Ketoprofen/Cyclobenzaprine dispensed on 3/15/2014 is not medically necessary.