MAXIMUS Federal Services

Case Number:	CM14-0168697		
Date Assigned:	10/16/2014	Date of Injury:	01/01/2003
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 59-year-old male with an injury date of 01/01/2003. According to the 06/26/2014 progress report, the patient complains of having constant neck pain which radiates into the bilateral upper extremities and is associated with numbness, tingling, and weakness in the arms. The patient rates his pain as a 7-8/10. His activities of daily living and sleep are both disturbed. Examination of the cervical spine reveals loss of the normal lordosis. There is tenderness to palpation over the posterior cervical spine and paravertebral spinal muscles. Range of motion is limited in all planes. The patient tested positive in his foraminal compression test. There is diminished strength in the right biceps and deltoid muscles. Deep tendon reflexes are 2+ in the upper and lower extremities. Examination of the cervical spine also revealed diminished sensations to light touch over the right C5 and C6 dermatomal distributions. The 05/01/2014 MRI of the cervical spine revealed the following:1.C4-C5 disk osteophyte complex effaces the anterior subarachnoid space causing mild-moderate central canal stenosis.2.C5-C6 disk osteophyte complex effaces the anterior subarachnoid space causing mild-moderate central canal stenosis.3.No fractures or listhesis. The 05/01/2014 MRI of the right shoulder reveals the following:1.There is full thickness tear of the supraspinatus tendon at its insertion on the humerus. There is approximately 1 cm of retraction of the root tear and there is interstitial extension to the musculotendinous junction. There is extensive tendinosis in this tendon.2.No atrophy of the supraspinatus muscle.3.Biceps tendon is intact.4.No other rotator cuff tears. The patient's diagnoses include the following:1.Cervical intervertebral disk protrusions at C4-C5 and C5-C6 resulting in spinal canal stenosis as well as foraminal stenosis.2.Cervical radiculopathy. The utilization review determination being challenged is dated 09/30/2014. Treatments reports were provided from 04/15/2014 - 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Ketoprofen cream 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to the 06/26/2014 progress report, the patient complains of having constant neck pain which radiates into the bilateral upper extremities and is associated with numbness, tingling, and weakness in the arms. The request is for 1 container of ketoprofen cream 120 mg. According to the MTUS Guidelines, "MTUS page 111 states the following: "Non-FDA approved agents; ketoprofen: This agent is not currently FDA approved for topical application. It has an extremely high incidence of photo-contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical ointment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at high risk including those with renal failure." In this case, Ketoprofen is not recommended therefore request is not medically necessary.

One container of Flurbiprofen, Capsaicin, Menthol, and Camphor cream 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to the 06/26/2014 progress report, the patient complains of having constant neck pain which radiates into the bilateral upper extremities and is associated with numbness, tingling, and weakness in the arms. The request is for 1 container of flurbiprofen, capsaicin, menthol, and camphor cream 120 mg. There is no indication provided as to where the patient will be applying this cream to. MTUS Guidelines provided clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. This patient does not present with peripheral joint arthritis/tendinitis condition to warrant the use of topical NSAIDs. MTUS page 111 states that if one of the compounded products is not indicated, then the entire compounded product is not indicated. Given that Flurbiprofen is not indicated therefore request is not medically necessary.