

<b>Case Number:</b>	CM14-0180096		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old man who sustained a work related injury on June 20, 2014. Subsequently, he developed chronic shoulder, and low back pain. MRI of the right shoulder done on July 28, 2014 showed superior labral tearing with possible extension into the biceps anchor. There is low-grade 20% partial thickness intrasubstance tear of the anterior supraspinatus tendon at the footprint on a background of moderate supraspinatus and infraspinatus tendinosis. There is moderate acromioclavicular joint osteoarthritis. MRI of the lumbar spine dated July 28, 2014 showed a 2 mm retrolisthesis at L5-S1. Disc degeneration is moderate at L5-S1 as well as mild at L1-2 and L2-3. Prior treatment has included medications (compounded cream, Naproxen Sodium, MAPAP, Nabumetone, Orphenadrine, Tramadol, polar frost gel) and chiropractic sessions. According to a progress report dated July 29, 2014, the patient reported frequent moderate-to-severe pain in the right shoulder. He reported numbness and weakness of the right shoulder as well as clicking and popping sensations. He rated his pain as an 8/10. The patient also reported constant moderate-to-severe aching lower back pain. He rated his pain as a 6-8/10. Examination of the upper extremities revealed a decreased motor power to manual testing in right deltoids at 4/5. Motor power was otherwise intact in both upper extremities. There was tenderness to palpation along the right acromioclavicular joint and right supraspinatus deltoid complex. Impingement test was positive on the right. The shoulder range of motion was limited by pain. Examination of the lumbar spine and lower extremities revealed tenderness to palpation about the lumbar paravertebral muscles with limitation of range of motion. The patient neurological examination was not focal. Straight leg raise was negative bilaterally in the sitting and supine positions. Cross straight leg raise was negative. The patient was diagnosed with right shoulder sprain/strain and lumbar spine sprain/strain. The provider requested authorization for Cyclobenzaprine/Ketoprofen/Lidocaine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Ketoprofen/Lidocaine 240 grams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested topical cream is formed by the combination of Cyclobenzaprine/ Ketoprofen/ lidocaine. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Cyclobenzaprine/Ketoprofen/lidocaine cream is not medically necessary.