

<b>Case Number:</b>	CM14-0020338		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/03/2006
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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:

██████████ is a 50 year old woman who sustained a work-related injury on March 3, 2006. Subsequently, the patient developed right knee pain, neck and back pain as well as shoulder pain. He was treated with pain medications and injections. She was also diagnosed with depression, posttraumatic stress disorder and panic disorder. According to the note of December 27, 2013, the patient physical examination showed cervical tenderness with reduced range of motion and reduced sensation in the territory of C6-C7 dermatoma. According to a note of January 24, 2014, the patient was reported to have the right knee pain, low back pain radiating to lower extremity. She also consulted an orthopedic surgeon who recommended right knee surgery. The patient was taking Omeprazole, Naproxen and Ambien. Her physical examination showed the cervical tenderness, myospasms, and cervical trigger points, reduced range of motion of the cervical spine, decreased range of motion of the right shoulder with pain, lumbar pain with reduced range of motion and right knee pain with reduced range of motion. Neurodiagnostic studies of bilateral upper extremities were normal. Her cervical MRI was negative for cervical radiculopathy. The patient was diagnosed with the right cervical radiculopathy, myospasms, and right knee pain with internal derangement, right shoulder pain, low back pain, hip pain, anxiety and depression. The provider requested authorization for cervical epidural injection and the use of a topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CATHETER DIRECTED CERVICAL EPIDURAL STEROID INJECTION AT RIGHT C5 AND RIGHT C7 BY CONTINUOUS APPROACH ONE TIME:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper back pain Page(s): 173, 309.

**Decision rationale:** According to MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The clinical findings, MRI and electrodiagnostic findings do not corroborate the diagnosis of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy.

**25% KETOPROFEN AND 25% FLURBIPROFEN COMPOUND CREAM 1 MONTH SUPPLY (DOS 12-27-13):** Upheld

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

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

**Decision rationale:** 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. There is no evidence that Ketoprofen cream is recommended as topical analgesics for chronic pain. Ketoprofen cream, a topical analgesic is not recommended by MTUS guidelines. Furthermore, Ketoprofen was reported to have frequent photo contact dermatitis. Based on the above 25% KETOPROFEN AND 25% FLURBIPROFEN COMPOUND CREAM 1 MONTH SUPPLY (DOS 12-27-13): is not medically necessary.