

Case Number:	CM14-0020710		
Date Assigned:	04/30/2014	Date of Injury:	06/03/2001
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 49-year-old female with a 6/3/01 date of injury, due to cumulative trauma. Treatment includes activity modification, PT, and medications. 8/16/13 progress note was handwritten and difficult to read. It was documented that the patient had 5/10 neck pain and 5/10 bilateral wrist pain. 11/8/13 progress note described tenderness in the cervical spine, over the trapezius muscles. There is also tenderness over bilateral shoulders. Examination of the wrist/hand revealed full range of motion with tenderness over the volar aspect of bilateral wrist/hand. There was a well-healed surgical scar over the left wrist consistent with dorsal ganglion wrist excision. Most recent progress note dated 12/18/14 described 6/10 bilateral wrist pain. Acupuncture, chiropractic treatment, pain management, and orthopedic consultation were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 10%/3%/5% (120 GM): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 112-113.

Decision rationale: Medical necessity for the requested topical medication is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), baclofen and other muscle relaxants are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion regarding intolerability to PO medications, duration of top medication use, and document of efficacy. As guidelines do not support the use of topical medications with the requested components, the request is not medically necessary.

FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPHOR 10/0.025/2/1 % (120 GM):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 112-113.

Decision rationale: Medical necessity for the requested topical medication is not established. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), baclofen and other muscle relaxants are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion regarding intolerability to PO medications, duration of top medication use, and document of efficacy. As guidelines do not support the use of topical medications with the requested components, the request is not medically necessary.