MAXIMUS Federal Services

Case Number:	CM14-0028638		
Date Assigned:	06/20/2014	Date of Injury:	12/20/2011
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a 45-year-old female who reported an injury on 12/20/2011. The mechanism of injury was reported as cumulative trauma. The clinical note dated 05/28/2014 noted the injured worker presented with complaints of burning neck pain that radiated down the bilateral upper extremity with numbness and tingling; bilateral shoulder pain radiating down the arms and fingers with muscle spasm; pain in the elbow with muscle spasm; and complaints of weakness, numbness, tingling, pain radiating into the hands and fingers; and difficulty sleeping at night due to pain. Examination of the cervical spine revealed tenderness to palpation in the occipital region, tenderness at the trapezius and levator scapular muscles with trigger point, and tenderness at the spinous and scalene muscles. Examination of the bilateral shoulders revealed tenderness at the deltopectoral groove and at insertion of the supraspinatus muscles. Examination of the bilateral elbows revealed tenderness noted over the left medial and lateral epicondyle. Examination of the bilateral wrists and hands noted tenderness to palpation over the first dorsal muscle compartment and at the triangular fiber cartilage complex, greater on the right. There was a positive Tinel's, positive Phalen's, and positive Flick's test bilaterally. A neurological examination of the bilateral upper extremities noted decreased sensation bilaterally along the course of the median nerve distribution, 4/5 motor strength, and +2 reflexes symmetrically. The diagnoses included disc displacement (unspecified cervical region), cervical radiculopathy, bilateral shoulder pain, cubital tunnel syndrome in the bilateral elbow, status post bilateral carpal tunnel release, recurrent bilateral carpal tunnel syndrome, and sleep disorder. Prior treatment included topical compounds and medication. The provider recommended cyclobenzaprine/ flurbiprofen and ketoprofen/lidocaine compound creams. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GR CYCLOBENZAPRINE 2 PERCENT FLURBIPROFEN 25 PERCENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, 113. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (updated 01/07/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for 240 grams cyclobenzaprine 2%/flurbiprofen 25% is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note Flurbiprofen, a topical NSAID, is recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is no evidence to utilize topical NSAIDs for treatment of osteoarthritis of the hip, shoulder, or spine. The guidelines further state, topical muscle relaxants are not recommended for topical use. The provided documentation did not indicate that the injured worker had a diagnosis, which would warrant the use of a topical NSAID. The efficacy of the medication was not provided. The provider's request did not indicate the site of application. The requested cream contains at least one drug that is not recommended for topical use; therefore, its use is not supported by the guidelines. As such, the request is not medically necessary and appropriate.

240 GR KETOPROFEN 20 PERCENT LIDOCAINE 10 PERCENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 113. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (updated 01/07/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for ketoprofen 20%/lidocaine 10% is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that Lidoderm is the only topical formulation of lidocaine that is FDA approved. Ketoprofen is not currently FDA approved for

topical application. As the guidelines do not recommend topical formulations of lidocaine other than Lidoderm, and Ketoprofen is currently not FDA approved for topical application, the use of this medication would not be supported. In addition, the provider's request did not indicate the site of application. As such, the request is not medically necessary and appropriate.