

Case Number:	CM14-0060546		
Date Assigned:	07/09/2014	Date of Injury:	06/06/2012
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy; topical compounds; unspecified amounts of physical therapy; earlier cervical fusion surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for oral cyclobenzaprine, a gabapentin containing cream, and a ketoprofen containing cream. The applicant's attorney subsequently appealed. In a February 19, 2014 psychological note, the applicant was described as having an adjustment disorder with mixed anxiety and depressed mood superimposed on issues of chronic neck and low back pain. The applicant was using naproxen, Flexeril, and tramadol, it was acknowledged as of this point in time. On May 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, bilateral shoulder pain, low back pain, and bilateral knee pain. The applicant was asked to follow up with a variety of other providers. Physical therapy and manipulative therapy were sought. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 41, Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including naproxen and Tramadol. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Gabapentin cream 6% 240 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 49. Decision based on Non-MTUS Citation Official disability Guidelines: Pain chapter, Topical Analgesics.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Ketoprofen cream 20% 240 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter, Topical Analgesics.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.