

Case Number:	CM14-0062726		
Date Assigned:	07/11/2014	Date of Injury:	10/22/2010
Decision Date:	08/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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, Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 10/22/2010. The mechanism of injury was not stated. Current diagnoses include status post cervical discectomy and fusion at C5-7, lumbar spondylosis with right lower extremity radiculopathy, bilateral knee osteoarthritis, status post right knee ACL reconstruction and meniscus repair, bilateral shoulder musculoligamentous sprain, hearing loss, anxiety, depression, right carpal tunnel syndrome, and left carpal tunnel syndrome. The latest physician progress report submitted for this review is documented on 11/26/2013. The injured worker reported persistent neck pain with intermittent lower back pain. Physical examination revealed positive Phalen's and Tinel's testing in the right wrist, weakness in the abductor pollicis brevis at 3/5, mild thenar atrophy, and decreased sensation to light touch over the thumb and index finger. Treatment recommendations at that time included a right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Flurbiprofen 20% cream #120 (DOS 4/1/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. There was no physician progress report submitted on the requesting date of 04/01/2014. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Retrospective request for 1 prescription for Ketoprofen 20%/Ketamine 10% cream #120gm (DOS 4/1/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. There was no physician progress report submitted on the requesting date of 04/01/2014. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Retrospective request for 1 prescription for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream #120gm (DOS 4/1/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended as there is no evidence for the use of antiepilepsy medication as a topical product. Cyclobenzaprine is also not recommended. There was no physician progress report submitted on the requesting date of 04/01/2014. There is also no frequency listed in the current request. As such, the request is not medically necessary.