

Case Number:	CM14-0067964		
Date Assigned:	07/11/2014	Date of Injury:	04/21/2011
Decision Date:	08/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 51-year-old female who reported an injury on 04/21/2011. The injury occurred when a client collapsed and grabbed the injured worker around the neck to break the fall. The injured worker fell with the client. On 03/26/2014, the injured worker presented with complaints of constant pain and stiffness to her cervical spine with occasional severe headaches and radiation of pain into the shoulders and down the bilateral arms with numbness and tingling to both upper extremities. Upon examination of the cervical spine and the upper extremities there was triggering of both long fingers, tenderness to palpation over the para-axial musculature with spasticity, referred pain to the bilateral upper extremities, and range of motion to the cervical spine was limited. The examination of the hands revealed tenderness to palpation over the palmar aspects of the long fingers bilaterally. The diagnoses were cervical spine sprain/strain, rule out herniated cervical disc; clinical bilateral upper extremity radiculopathy; ulnar nerve entrapment neuropathy, right upper extremity; trigger finger, bilateral long fingers; lumbar spine sprain/strain with possible herniated lumbar discs; and clinical bilateral lower extremity radiculopathy. Prior therapy included physical therapy, medication, and diagnostic testing. The provider recommended Ketoprofen/Cyclobenzaprine/Lidocaine cream and Flurbiprofen/Capsaicin/Menthol/Camphor Cream. The provider's rationale was not provided. The request for authorization form was not provided 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:

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120gm: 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 Page(s): 111.

Decision rationale: The California MTUS Guidelines that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least one drug that is not recommended is not recommended. The Guidelines note muscle relaxants are not recommended for topical application. Cyclobenzaprine would not be recommended for topical application. Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) are recommended for osteoarthritis and tendonitis, in particular, that of the knee or elbow or other joints that are amenable for topical treatment and the recommended use is 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The Guidelines also note Capsaicin is recommended for use in injured workers who are intolerant to or have not responded to other treatments. The included medical documentation does not indicate that the injured worker was intolerant to or had not responded to other treatments. The Guidelines also do not recommend muscle relaxants for topical application. The provider's request does not indicate the frequency of the medication or the site at which the medication is intended for. As such, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120gm is not medically necessary.

Flurbiprofen/Capsaicin/Menthol/Camphor 10%/0.25%/2%/1%, 120gm: 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 Page(s): 111.

Decision rationale: The California MTUS Guidelines that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least one drug that is not recommended is not recommended. The Guidelines note muscle relaxants are not recommended for topical application. Cyclobenzaprine would not be recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular, that of the knee or elbow or other joints that are amenable for topical treatment and the recommended use is 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The Guidelines also note Capsaicin is recommended for use in injured workers who are intolerant to or have not responded to other treatments. The included medical documentation does not indicate that the injured worker was

intolerant to or had not responded to other treatments. The Guidelines also do not recommend muscle relaxants for topical application. The provider's request does not indicate the frequency of the medication or the site at which the medication is intended for. As such, the request for Flurbiprofen/Capsaicin/Menthol/Camphor 10%/0.25%/2%/1%, 120gm is not medically necessary.