

Case Number:	CM14-0071200		
Date Assigned:	07/14/2014	Date of Injury:	08/01/1992
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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 Nevada. 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 female who was reportedly injured on August 1, 1992. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 2, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the upper extremities as well as shoulder pain. Current medications are gabapentin/ketoprofen/cyclobenzaprine/capsaicin/menthol/camphor and Naprosyn. The physical examination demonstrated positive Tinel's test of the left ulnar nerve. The physical examination of the left shoulder noted a positive impingement test and tenderness at the acromioclavicular joint. There was decreased sensation at the left C6 dermatomes. Examination of the cervical spine noted tenderness of the facets from C2 through C6 and hypertonicity of the paraspinal muscles. Diagnostic imaging of the cervical spine showed a reversal of the normal cervical lordosis and mild broad-based disc bulging at C5-C6 and C6-C7. Previous treatment included radiofrequency nerve ablation of the cervical spine. A request had been made for ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1%, 120gram cream and Naprosyn and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, Menthol 2%, Camphor 1%, 120 gram cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for ketoprofen 10%, cyclobenzaprine 3%, capsaicin 0.0375%, menthol 2%, camphor 1%, 120 gram cream is not medically necessary.

Naprosyn, 500 mg, Qty: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of anti-inflammatories as a first-line agent for the management of chronic pain. Based on the clinical documentation provided, the requested medication is considered medically necessary and recommended for certification.