

Case Number:	CM14-0088284		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2001
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury 10/04/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 04/15/2014 indicated diagnoses of headaches rule out migraines, sprain of ligaments of cervical spine rule out disc displacement, rule out radiculopathy, cervical region impingement syndrome of right shoulder, unspecified sprain of right shoulder joint, rule out derangement of ligaments of lumbar spine, rule out disc displacement, rule out radiculopathy of the lumbar region, buttocks pain, sprain of unspecified site of right knee rule out derangement, mood disorders, anxiety disorder, stress, and sleep disorder. The injured worker reported sharp, throbbing headaches localized at the base of the skull in the temporal region rated 6/10 to 7/10 described as intermittent to constant, and moderate to severe. The injured worker reported sharp, stabbing, oftentimes throbbing neck pain with muscle spasms that were frequent to constant, moderate to severe, rated 8/10 that radiated to the bilateral upper extremities, right greater than left, associated with numbness and tingling. The injured worker reported sharp, stabbing right shoulder pain that radiated down the arm to the fingers, with muscle spasms, rated 7/10 to 8/10, frequent to constant, moderate to severe. The injured worker reported sharp, stabbing low back pain with muscle spasms, rated 7/10, that were frequent to constant, moderate to severe, with numbness and tingling of the bilateral lower extremities; sharp, throbbing pain in her buttocks, which she rated 6/10 to 7/10. The injured worker reported sharp, stabbing knee pain, rated 6/10 to 7/10, that were intermittent to frequent and moderate to severe; the injured worker also reported stress, anxiety, insomnia, and depression. The injured worker reported the medication did offer temporary relief of pain and improved her ability to have restful sleep, and she denied problems with medications. The pain was also alleviated by activity restrictions. On physical examination of the cervical spine the injured worker had +2 tenderness at suboccipital and scalene. The

injured worker's right shoulder exam had +2 tenderness at coracoacromial ligament at the sub deltoid bursa and the coracoid process, positive Neer's and empty can test. The injured worker had decreased grip strength on the right and decreased sensation in the right upper extremity, with decreased motor strength bilaterally. The injured worker's lumbar spine exam revealed abnormal gait. The injured worker had low back and right knee pain and decreased range of motion. The injured worker's right knee exam revealed +2 tenderness at medial/lateral joint line, +1 patellofemoral joint, decreased range of motion, motor strength was 4/5. McMurray's and Lachman's tests were positive. The injured worker had decreased sensation at L5-S1 dermatomes in the left lower extremity, with decreased motor strength bilaterally. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medications were not provided for review. The provider submitted a request for retrospective cyclobenzaprine, and a retrospective request for ketoprofen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketoprofen 20% 120 gm DOS 05/03/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 2010 Edition, online edition, pg 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics ,Ketoprofen, Ketamine Page(s): 111, 112, 113.

Decision rationale: The request for Retrospective request for Ketoprofen 20% 120 gm DOS 05/03/14 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, ketoprofen is not currently FDA approved as a topical application. Moreover, ketoprofen contains ketamine. Ketamine is currently under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend ketoprofen. As such, the use of the compound would not be supported. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Furthermore, the provider did not indicate a rationale for the request. In addition, the request does not indicate a frequency or quantity. Therefore, the request is not medically necessary.

Retrospective request for Cyclobenzaprine 5% 120 gm DOS 05/03/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 2010 Edition, online edition, pg 111-113.

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

Decision rationale: The request for Retrospective request for Cyclobenzaprine 5% 120 gm DOS 05/03/14 is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence for use of any other muscle relaxant as a topical product. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, per the guidelines, there is no evidence of any muscle relaxants as topical products. Per the guidelines, any compound product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency or quantity for this medication. Therefore, the request is not medically necessary.