MAXIMUS Federal Services

Case Number:	CM14-0097228		
Date Assigned:	07/28/2014	Date of Injury:	06/18/2013
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/25/2014

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 Orthopedic Surgery 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 claimant is a 56-year-old female janitor who sustained a vocational injury on June 18, 2013 when she was struck on the forehead by a door. The clinical records provided for review document diagnoses of status post blunt head trauma, mild postconcussion syndrome, and cephalgia with muscle contraction type, and left TMJ syndrome. The most recent office note for review notes complaints of "severe" pain in the left temple and left frontal region into the left side of her neck, intermittent blurriness of the vision in her left eye relieved with eye drops, shoulder and upper back pain at time causing tremors in the bilateral upper extremities, and insomnia and jaw pain. Physical examination showed tenderness on palpation of the left TMJ region, diffuse tenderness on palpating the left side of the face and the left side of the neck at the skull area. Examination of the cervical spine showed tenderness to palpation of the cervical paraspinal region predominately on the left side, slightly limited range of motion of the cervical region on lateral bending, and the claimant appeared antalgic when moving her head and neck. There was tenderness on palpation of the thoracic paraspinal region. Range of motion within normal limits of the thoracic spine with no deformities. Examination of the lumbar spine showed no palpable tenderness with no underlying muscle spasm. Range of motion within normal limits. There were no deformities. Straight leg raise testing was normal. The claimant had normal muscle tone and strength 5/5 in all muscle groups tested of the upper extremities. There was no wasting on voluntary movements, tremor or spasm. Romberg test was negative. Deep tendon reflexes were within normal limits all extremities. Sensation exam was within normal limits all extremities. The claimant walked with a tandem gait and regular stance without abnormalities, and heel and toe walking were well performed. Previous conservative treatments included medication and activity modification. This request is for topical cream in the form of flurbiprofen, cyclobenzaprine and menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol 4% Cream 180gm: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines does not support the use of topical analgesic preparations if they contain a preparation not recommended which applies to the current compounded topical cream. In addition, there is a lack of documentation suggesting that the claimant has attempted, failed, and exhausted all traditional first line conservative treatment options prior to considering the use of a topical analgesic. Topical analgesics in general are considered largely experimental due to the fact that they have very little scientific literature and data available suggesting that they are safe and equally as effective as traditional first line medications and treatment. There is no documentation that the claimant experiences neuropathic or that she has neuropathic physical exam objective findings for which topical analgesics would be typically recommended. Therefore, based on the documentation presented for review and in accordance with California MTUS Chronic Pain Guidelines, the request for the topically compounded cream cannot be considered medically necessary.

KeraTek Analgesic Gel 4oz: Upheld

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

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

Decision rationale: In regards to the second request for KeraTek Analgesic, KeraTek Analgesic cream is a topical cream consisting of methylsalicylate, menthol and Capsaicin cream. Prior to considering such medications, documentation should first establish that claimants have failed traditional first line conservative treatment such as tricyclic antidepressants or SNRI antidepressants. The Chronic Pain Guidelines state that these topical compounded creams are considered largely experimental with few randomized control trials to determine efficacy and safety. There is a lack of documentation the claimant is suffering from neuropathic type symptoms or has physical exam objective findings consistent with neuropathic findings. There is little to no research to support the use of many of these topical compounded creams and subsequently the request cannot be considered medically necessary.