

Case Number:	CM14-0097598		
Date Assigned:	07/25/2014	Date of Injury:	08/01/2006
Decision Date:	09/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 records presented for review indicate that this 54-year-old female was reportedly injured on August 1, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity with numbness and tingling. There were also complaints of pain at the base of the right thumb. The injured employee stated that there were medications and creams to offer temporary relief of pain. Physical examination demonstrated tenderness along the paravertebral muscles of the cervical spine as well as the trapezius and levator scapulae. Mild spasms were noted along the rhomboid muscles. There was decreased cervical spine range of motion and a positive Spurling's test as well as a positive compression and distraction test. Examination of the right shoulder noted tenderness at the AC joint and the subacromial space. There was decreased right shoulder range of motion as well as a positive Neer's test, Hawkin's test, and Jobe's test. There was tenderness over the thenar aspect and the carpal tunnel bilaterally as well as a positive Tinel's test, Phalen's test, and Finkelstein's test. Thenar atrophy was noted on the right side and there was triggering of the right thumb. Diagnostic imaging studies were not reviewed during this visit previous treatment includes acupuncture, oral medications, and topical medications. A request had been made for Ketoprofen cream and Cyclobenzaprine cream and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketaprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-112 of 127.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory or whether they are unable to. Considering this, the request for Ketoprofen cream is not medically necessary.

Cyclobenzaprine cream.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal anti-inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents; especially Cyclobenzaprine considering this, the request for Cyclobenzaprine cream is not medically necessary.