

Case Number:	CM13-0055039		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2012
Decision Date:	01/07/2015	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/20/2013

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 Rheumatology and is licensed to practice in Maryland. 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 patient is a 26 year old male with date of injury 11/29/2012. The mechanism of injury is stated as trying to catch a heavy object. The patient has complained of neck pain, left trapezius pain and left elbow pain since the date of injury. He has been treated with physical therapy and medications. MRI of the cervical spine dated 02/13 was unrevealing. MRI of the left shoulder dated 02/13 revealed arthrosis of the AC joint, mild supraspinatus muscle impingement with a focal tear and possible anterior labral tear. Objective: decreased and painful range of motion of the cervical spine, tenderness at the left lateral epicondyle, dysesthesia in left hand ulnar distribution. Diagnoses: left cubital tunnel syndrome, cervical discopathy. Treatment plan and request: Cyclobenzaprine 2%/Capsaicin 0.01%/Lidocaine 1%/Flurbiprofen 10% in KN Oil 120ml; Ketoprofen 15%/Lidocaine 1%/Tramadol 5 %/Capsaicin 0.01% in KN Oil 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Capsaicin 0.01%/Lidocaine 1%/Flurbiprofen 10% in KN Oil 120ml:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs.

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

Decision rationale: Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Cyclobenzaprine 2%/Capsaicin 0.01%/Lidocaine 1%/Flurbiprofen 10% in KN Oil 120ml is not medically necessary.

Ketoprofen 15%/Lidocaine 1%/Tramadol 5 %/Capsaicin 0.01% in KN Oil 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

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

Decision rationale: Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the request for Ketoprofen 15%/Lidocaine 1%/Tramadol 5 %/Capsaicin 0.01% in KN Oil 120ml is not medically necessary.