

<b>Case Number:</b>	CM14-0102855		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40-year-old male with a reported date of injury of 10/03/2013. He was stabbed with a drill bit on his left thumb. The current diagnoses include neck sprain, thoracic sprain, lumbar sprain, right shoulder sprain, right knee sprain, left thumb sprain, and acute reaction to stress. The past diagnoses include open fracture of distal phalanx or phalanges of hand and sublingual hematoma. Treatments included seven (7) extracorporeal shockwave procedures; psychological treatment; chiropractic care for the cervical, thoracic, and lumbar spines and the right shoulder; Electrodiagnostic studies; physical therapy; MRI of the left shoulder, left hand, and right hand on 04/05/2014; splint; and antibiotic therapy. The progress report (PR-2) dated 06/10/2014 indicated that the injured worker complained of intermittent, achy neck pain, which radiated to the right shoulder, and rated it a 2 out of 10; intermittent achy thoracic spine pain, rated at 2 out of 10; minimal lumbar spine pain, rated a 2 out of 10; right knee pain, which increased with kneeling, rated a 3 out of 10; and left thumb pain when he bumps it into something. The injured worker stated that the left thumb bothers him daily and frequently. The physical exam showed cervical tenderness, right shoulder tenderness; a positive Hawkins and Neer's test of the right shoulder; decreased flexion, abduction, and external rotation of the right shoulder; and tender to palpation of the left thumb tip with hypersensitivity. Since the last examination, the functional change has been slower than expected. The injured worker was advised to return to modified duties, with limited lifting, pushing, and pulling. The injured worker was prescribed cyclobenzaprine-ketoprofen-lidocaine cream 240 grams, apply twice a day. The treating provider suggested a left knee and right shoulder cortisone injection. On 06/24/2014, Utilization Review (UR) denied the request for cyclobenzaprine-ketoprofen-lidocaine cream 240 grams. The UR physician noted that based on the guidelines, topical analgesics are considered largely experimental, and lidocaine is not supported for topical

application. The medical records do not indicate that the injured worker has undergone first-line treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclo-Keto-Lido Cream 240 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The requested topical cream is formed by the combination of Cyclobenzaprine/ Ketoprofen/ lidocaine. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Cyclobenzaprine/Ketoprofen/lidocaine cream is not medically necessary.