

Case Number:	CM14-0168633		
Date Assigned:	10/16/2014	Date of Injury:	01/13/2010
Decision Date:	01/05/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 injured worker, with a date of injury 1/13/10, presents with a chief complaint of left shoulder pain, lumbar spine pain and stiffness with muscle spasm into both legs and cervical spine pain with headaches and nausea. Physical exam reveals tenderness of the cervical spine with decreased range of motion and decreased sensation in C7 dermatome. There is also lumbar spine decreased range of motion and muscle spasms with decreased sensation in the L4-5 dermatome and a positive straight leg raise test. There is also left shoulder decreased range of motion with positive impingement signs and muscle spasms. Treatment diagnoses include cervical and lumbar degenerative disc disease with associated radiculopathy and left shoulder impingement syndrome. Requests are being made for Flurbiprofen/Capsaicin/Camphor/10%/0.025%/2%/1% (120gram), and Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gram).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound creams Flurbiprofen/Capsaicin/Camphor/10%/0.025%/2%/1% (120gram), and Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% (120gram): 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): 111-112.

Decision rationale: The injured worker is being treated for chronic neck, low back and shoulder pain. Requested have been made for topical compound creams which include: Flurbiprofen/capsaicin/camphor and Ketoprofen/ cyclobenzaprine/ lidocaine. With regards to topical NSAIDs, MTUS guidelines do not recommend them for spine, hip or shoulder osteoarthritis due to lack of clinical evidence of efficacy. Furthermore, any compound product that contains at least one drug which is not recommended, is not recommended. Therefore request as written which both contain topical NSAIDs (Flurbiprofen and Ketoprofen) for shoulder and spine pain are not medically necessary.