

Case Number:	CM14-0183388		
Date Assigned:	11/25/2014	Date of Injury:	12/21/2008
Decision Date:	01/12/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 41-year old female with an injury date of 12/21/08. Based on the 08/28/14 progress report, the patient complains of pain in her neck, both shoulders, both hands and wrists (greater on right), upper/mid back, and both ankles and feet. She also has headaches and psyche-related issues. She rates her cervical spine pain as a 5/10, her bilateral shoulder pain as a 5/10, and her right wrist pain as a 7/10. Examination of the right wrist reveals a decreased range of motion with tenderness over the ulnar aspect of the wrist. There is weakness of grip strength 4/5. No further positive exam findings were provided. The patient's diagnoses include the following: Chronic cervical strain, Chronic lumbosacral strain, Right shoulder impingement syndrome, Right wrist status post extensor tenosynovectomy and carpal tunnel release, Left wrist ganglion cyst, The utilization review determination being challenged is dated 10/02/14. There was one treatment report provided from 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek analgesic gel, 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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

Decision rationale: According to the 08/28/14 report, the patient presents with pain in her neck, both shoulders, both hands and wrists (greater on right), upper/mid back, and both ankles and feet. The request is for Keratek Analgesic Gel, 4 oz. KERATEK is a topical analgesic that contains methyl salicylate 28% and menthol 16%. MTUS guidelines on topical analgesics page 111 (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. The Physician does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The patient does present with wrist/hand symptoms but the Physician does not explain how this topical is being used and with what efficacy. MTUS page 60 require recording of pain and function with medications used for chronic pain. The request is not medically necessary.

Flurbiprofen/ cyclobenzaprine/ menthol cream (20%/ 10%/ 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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

Decision rationale: According to the 08/28/14 report, the patient presents with pain in her neck, both shoulders, both hands and wrists (greater on right), upper/mid back, and both ankles and feet. The request is for Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%). The MTUS Guidelines regarding topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Therefore, the entire compound cream is not supported. The requested Flurbiprofen / Cyclobenzaprine /Menthol cream is not medically necessary.