

Case Number:	CM14-0186407		
Date Assigned:	11/14/2014	Date of Injury:	04/11/2000
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 his current symptoms as of October 2014 include neck and right shoulder sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort. Objective findings include a cranial nerve palsy of the 11th cranial nerve with reduced range of motion on the right shoulder, sloping of that right shoulder downward, and reduced strength at the lateral aspect of the shoulder with elevation at 3/5, reduced range of motion of the cervical spine in all planes, tender palpable bilateral cervical paraspinal muscular spasms, bilateral C7 spinal nerve root radiculopathy, bilateral suprascapular neuropathies, absent bilateral triceps deep tendon reflexes, right hand/shoulder syndrome, stage II with dystrophic right hand. Diagnoses include right rotator cuff syndrome with right suprascapular neuropathy, right cranial nerve palsy of the 11th cranial nerve, left shoulder overuse syndrome, cervical spine disc syndrome with strain-sprain disorder and radiculopathy, complex regional pain disorder, right upper, chronic pain syndrome with idiopathic insomnia. Treatment includes medications including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Cyclo/Kaps/Menth/Camph (Compound) 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 28-29,41-42,56,111-112.

Decision rationale: According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the MTUS, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine and this medication has not been evaluated for treatment of the spine. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The MTUS does not list specific indications for the use of topical NSAIDs in shoulder. Regarding Ketoprofen, the MTUS provides that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The MTUS does not list specific indications for the topical use of cyclobenzaprine and states that the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Regarding capsaicin this agent is listed in the MTUS and may have clinical indication for chronic back pain. There are no listed indications for shoulder pain or complex regional pain syndrome. There are no medical necessity criteria for menthol in the MTUS Chronic Pain Medical Treatment Guidelines. There are no MTUS guideline criteria for topical camphor. Mr. topical preparation contains one or more agents that are not recommended and therefore, the request for this specific topical preparation is not medically necessary.