

Case Number:	CM14-0186645		
Date Assigned:	11/14/2014	Date of Injury:	05/02/2013
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of May 2, 2013. A utilization determination dated October 29, 2014 recommends non-certification of Ketoprofen cream 20% #1 and Flexeril 7.5 mg #60. A progress note dated September 23, 2014 identifies subjective complaints of on going back, migraine, and leg symptoms. The patient reports that her headaches are worsening and has been authorized for a neurology consultation. Her pain level is a 9/10 on the pain scale for her back, and a 8/10 for her neck. The patient reports that 90% of her pain is in her back, the right side is slightly greater than the left. The patient states that she has numbness and tingling on the bottom of her bilateral feet and has localized pain on the lateral aspect of bilateral legs. The physical examination identifies tenderness throughout the thoracolumbar area to light palpation, lumbar spine range of motion is moderately limited universally, knee reflexes are diminished, and facet challenge is increased at L3-4. The diagnoses include thoracic HNP, lumbar sprain/strain, facet arthropathy at L5-S1, and disc bulges at L3-4, L4-5, and L5-S1. The treatment plan recommends that the patient proceed with the neurology consult, proceed with medial branch block at L3-4 and L5-S1, prescription for Ketoprofen 20% #1, and a prescription for Flexeril 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Regarding the request for topical Ketoprofen cream 20% #1, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred; or that the topical Ketoprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen cream 20% #1 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril 7.5mg #60, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5mg #60 is not medically necessary.