

Case Number:	CM14-0190481		
Date Assigned:	11/21/2014	Date of Injury:	12/06/2011
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 66-year-old male with a 12/6/11 date of injury. The patient was seen on 3/10/14 with complaints of 8-9/10 sharp, burning bilateral shoulder pain radiating down the arm to the fingers, associated with muscle spasms and 8-9/10 burning, radicular lower back pain radiating into the hips. Exam findings revealed tenderness to palpation over the supraspinatus and infraspinatus muscles, decreased range of motion of the shoulders and intact sensation in the shoulders. There was tenderness over the lumbar paraspinals, decreased lumbar range of motion and the patient was unable to heel-toe walk or squat due to pain. The diagnosis is lumbago, bilateral shoulder rotator cuff tear, and lumbar disc displacement and lumbar spine degenerative disc disease. Treatment to date: work restrictions, chiropractic treatment, acupuncture, injections and medications. An adverse determination was received on 11/04/14 given that the Guidelines did not support those mediations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream #1 ketoprofe 20% cream 165 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested topical medication contains the drug that is not recommended due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed formulation would be required despite adverse evidence. Therefore, the request for topical cream #1 ketoprofen 20% cream 165 grams was not medically necessary.

Cyclobenzaprine 5% cream 100 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28, 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the requested topical medication contains the drug that is not recommended due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed formulation would be required despite adverse evidence. Therefore, the request for Cyclobenzaprine 5% cream 100 grams was not medically necessary.