

Case Number:	CM14-0195577		
Date Assigned:	12/02/2014	Date of Injury:	08/19/1998
Decision Date:	01/14/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/19/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 is a 56-year-old female with a date of injury of 05/17/2000. Her mechanism of injury was a heavy object hitting her shoulder. Her diagnoses include cervical spondylosis, cervical facet joint pain, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral de quervain's tenosynovitis, failed back surgery syndrome, status post spinal cord stimulator implant, lumbar radiculitis, and bilateral knee arthroplasty. Her past treatments have included epidural steroid injections, aquatic therapy, chiropractic therapy, x-rays lumbar spine, spinal cord stimulator, nerve conduction studies and electromyograms on 01/19/2012, MRI on 04/19/2012 and 08/22/2013, and a cervical CT on 09/05/2013. Her surgical history includes bilateral shoulder surgery, 3 artificial disc replacements, and a left knee arthroscopy on 10/10/2014. In the clinical note dated 08/11/2014, the injured worker complained of sharp, stabbing cervical pain with radiation to bilateral upper extremities with numbness and tingling and significant weakness; bilateral shoulder pain; bilateral numbness in the hands; bilateral elbow pain; low back pain, constant and severe with radiation to the lower extremities; chronic fatigue and pain; and inability to perform activities of daily living. Her physical exam findings were limited cervical range of motion, muscle strength in upper extremities; 5/5 bilaterally. She is noted to have had paravertebral muscle spasms, positive bilateral straight leg raise test at 10 degrees. The injured worker declines any pain medication by mouth because of gastric upset. There was no medication list included. Her treatment plan included continued treatment with orthopedic surgeon, complete evaluation with plastic surgeon for abdominal scar, continued treatment with pain management, raised toilet seat and handle for home use, and a walker with a seat. The rationale for the request is that she uses topical medications for pain control as she does not wish to take oral medications at this time secondary to gastrointestinal upset. The request for authorization form is not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams #3; to include Cyclobenzaprine 20%, Ketoprofen 2% and Tramadol 20%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk, Topical NSAIDs.

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

Decision rationale: The request for topical creams #3; to include cyclobenzaprine 20%, ketoprofen 2% and tramadol 20% is not medically necessary. The injured worker has a history of spinal cord stimulation and gastric upset which resulted from attempting to control her pain with medications. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. 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. There is no evidence of the use of any muscle relaxant as a topical product. Ketoprofen is not currently FDA approved for topical application. The injured worker does have a history of neuropathic pain. There is no documentation in the medical record to reveal if she has taken antidepressants or anticonvulsants in the past. Not all ingredients are recommended; specifically cyclobenzaprine and ketoprofen are not recommended. The guidelines indicate that any compounded product that contains at least one drug that is not recommended; is not recommended. The dose, quantity, frequency, and site of application are not included in the request. Therefore, the request for topical creams #3; to include cyclobenzaprine 20%, ketoprofen 2% and tramadol 20% is not medically necessary.