

Case Number:	CM14-0204824		
Date Assigned:	12/17/2014	Date of Injury:	01/21/2009
Decision Date:	02/11/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 54 year old female with date of injury 1/21/09. The treating physician report dated 10/27/14 (49) indicates that the patient presents with pain affecting bilateral shoulders and left wrist. Patient claims there is "a lot more pain to the left shoulder than the right shoulder and also has pain that comes and goes to the left wrist." Patient also states that she is not currently doing any treatment. No physical examination was documents on the above-mentioned report. X-rays (72) of the bilateral shoulders and humerus show no progression of degenerative changes. X-rays of left hand and wrist so no progression of degenerative changes. The current diagnoses are: 1. Joint pain forearm 2. Joint pain shoulder The utilization review report dated 11/17/14 denied the request for Keratek gel, and Flurbiprofen/Cyclobenzaprine/Menthol cream based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel (methyl salicylate, menthol) 4 oz: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with shoulder and wrist pain. The current request is for Keratek gel (methyl salicylate, menthol) 4 oz. The treating physician indicates that the current request is to assist the patient with pain and inflammation. The 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. Kera Tek Gel is a compound analgesic containing 28% Methyl Salicylate and 16% Menthol. The provider does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis which this patient does not present with. The current request does not meet the requirements for authorization as outlined in the MTUS guidelines. Therefore, this request is not medically necessary.

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180 gms: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with shoulder and wrist pain. The current request is for Flurbiprofen 20%, Cyclobenzaprine 10%, and Menthol 4% cream 180gms. The treating physician indicates that the current request is to assist the patient with pain. The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also does not support cyclobenzaprine in topical products. The current request is not supported by the MTUS guidelines. Therefore, this request is not medically necessary.