

Case Number:	CM14-0208190		
Date Assigned:	12/19/2014	Date of Injury:	12/12/2012
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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, has a subspecialty in Interventional Spine 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 66 year old male with an injury date of 12/12/12. Based on the 10/24/14 progress report provided by treating physician, the patient complains of pain to the bilateral shoulders and low back rated 6/10. Physical examination of the right shoulder on 10/24/14 revealed tenderness to palpation to the anterior shoulder capsule and acromioclavicular joint ridge. Range of motion was moderately decreased in all planes. Examination to the lumbar spine revealed tenderness throughout the lower lumbar spine and decreased range of motion, especially on flexion 25 degrees. Mildly positive left sciatic notch signs on the left. Patient uses creams which help. Patient has been provided FluriFlex cream. Patient is instructed to continue home exercise program. Patient has been placed on restrictions due to the fact that he has significant arthritis in his bilateral shoulders, and remains permanent and stationary. Diagnosis 10/24/14- L5-S1 discopathy with bilateral lumbar radiculopathy- cervical hyperextension/hyperflexion injury- anxiety and stress- bilateral shoulder impingement syndrome The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 03/06/13 - 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Cyclobenzaprine 4% cream, 120gm: Upheld

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

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

Decision rationale: The patient presents with pain to the bilateral shoulders and low back rated 6/10. The request is for KETOPROFEN 20%/ CYCLOPENZAPRINE 4% CREAM, 120GM. Patient's diagnosis on 10/24/14 included L5-S1 discopathy with bilateral lumbar radiculopathy, cervical hyperextension/hyperflexion injury, and bilateral shoulder impingement syndrome. Patient is instructed to continue home exercise program. Patient has been placed on restrictions due to the fact that he has significant arthritis in his bilateral shoulders, and remains permanent and stationary. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 10/24/14, patient uses creams which help, and has been provided FluriFlex cream. Review of reports does not show documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine which is not supported for topical use by guidelines. Therefore the request IS NOT medically necessary.