

Case Number:	CM14-0217985		
Date Assigned:	01/07/2015	Date of Injury:	10/10/2014
Decision Date:	04/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported an injury on 10/10/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain, right shoulder sprain, right wrist and hand pain, rule out right carpal tunnel syndrome, pain in the right hand and fingers, low back pain, lumbar spine sprain, and rule out lumbar radiculopathy. On 12/19/2014, the injured worker presented for a follow up evaluation with complaints of persistent pain over multiple areas of the body. The injured worker reported temporary relief of pain with the current medication regimen. Upon examination of the cervical spine, there was 2+ tenderness to palpation, limited range of motion, positive cervical distraction and compression tests, a positive Spurling's maneuver, diminished sensation over the C5-T1 dermatomes, 2+ deep tendon reflexes, and diminished motor strength in the bilateral upper extremities. The examination of the right shoulder also revealed 2+ tenderness to palpation with limited range of motion, a positive Apley's scratch test, and a positive supraspinatus test. The examination of the right wrist/hand also revealed 2+ tenderness at the thenar and hypothenar eminences, 1+ tenderness at the carpal tunnel, and normal range of motion. The examination of the lumbar spine revealed bilateral lumbar paraspinal muscle guarding, tenderness to palpation, a positive straight leg raise at 60 degrees bilaterally, limited range of motion, decreased sensation in the L4-S1 dermatomes, and diminished motor strength in the bilateral lower extremities. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165grams, Cyclobenzaprine 5% cream 100 grams, Synapryn 10mg/ml 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compounding medications Page(s): 71.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The current request contains Synapryn oral suspension. Despite the ongoing use of this medication, the injured worker continues to report persistent pain over multiple areas of the body. Additionally, there is no indication that this patient is unable to swallow pills or capsules. California MTUS Guidelines any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically appropriate.