

Case Number:	CM14-0099803		
Date Assigned:	07/28/2014	Date of Injury:	01/01/2006
Decision Date:	01/21/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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:

This female patient sustained an injury on 1/1/06. Request(s) under consideration include Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013). Diagnoses include shoulder/arm sprain s/p left shoulder arthroscopy on 9/19/13; muscle spasm postsurgical states. Conservative care has included medications, therapy, and modified activities/rest. There is a second P&S/MMI report dated 3/26/14. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient presents with intermittent muscle spasms and occasional soreness at the left shoulder. Patient had well healed surgical scars over the left shoulder without any evidence of edema or atrophy. However she still has residual tenderness to palpation over the left shoulder and parascapular muscles. Treatment plan was to continue medications. The request(s) for Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) were non-certified on 6/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen (Nap) cream compound 180gm (retrospective date of service 02/20/2013):
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 Analgesics Page(s): 112.

Decision rationale: This female patient sustained an injury on 1/1/06. Request(s) under consideration include Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013). Diagnoses include shoulder/arm sprain s/p left shoulder arthroscopy on 9/19/13; muscle spasm postsurgical states. Conservative care has included medications, therapy, and modified activities/rest. There is a second P&S/MMI report dated 3/26/14. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient presents with intermittent muscle spasms and occasional soreness at the left shoulder. Patient had well healed surgical scars over the left shoulder without any evidence of edema or atrophy. However she still has residual tenderness to palpation over the left shoulder and parascapular muscles. Treatment plan was to continue medications. The request(s) for Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) were non-certified on 6/17/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. There is no documentation for the medical indication of Ketoprofen in addition to current prescription of Motrin. MTUS Guidelines do not recommend Ketoprofen nor recommend use of NSAIDS beyond few weeks as there are no long-term studies to indicate its efficacy or safety. The Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) is not medically necessary and appropriate.

Caps (Nap) cream compound 180gm (retrospective date of service 02/20/2013): Upheld

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

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

Decision rationale: This female patient sustained an injury on 1/1/06. Request(s) under consideration include Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013). Diagnoses include shoulder/arm sprain s/p left shoulder arthroscopy on 9/19/13; muscle spasm postsurgical states. Conservative care has included medications, therapy, and modified activities/rest. There is a second P&S/MMI report dated 3/26/14. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient presents with intermittent muscle spasms and occasional soreness at the left shoulder. Patient had well healed surgical scars over the left shoulder without any evidence of edema or

atrophy. However she still has residual tenderness to palpation over the left shoulder and parascapular muscles. Treatment plan was to continue medications. The request(s) for Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) and Topical Ketoprofen (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) were non-certified on 6/17/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical Capsaicin analgesic. Guidelines recommend topical Capsaicin only as an option in patients who have not responded or are intolerant to other treatments and as a treatment for osteoarthritis which has not been demonstrated here. The Topical Caps (Nap) cream compound 180gm (Retrospective Date of Service 02/20/2013) is not medically necessary and appropriate.