

<b>Case Number:</b>	CM15-0105576		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 72 year old male, who sustained an industrial injury on 3/24/04. He reported sudden onset of neck, low back and left shoulder pain while attempting to push a car. The injured worker was diagnosed as having adhesive capsulitis of shoulder, partial tear of rotator cuff, sprain lumbar region, chronic pain due to trauma, pain in joint involving shoulder region, sprain of lumbar region and chronic low back pain. Treatment to date has included physical therapy, oral medications including Carisoprodol, Cialis, hydrocodone, Methocarbamol and Vicodin, topical creams including Ketoprofen 20% cream, Keto/lido/cyclo cream and Keto/lido/Baclo cream and home exercise program. Currently, the injured worker complains of chronic back pain with continued pain in neck, shoulders and back. He is retired. Physical exam noted left shoulder tenderness with limited range of motion. The treatment plan included continuation of oral and topical medications and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The patient has been taking Methocarbamol for an extended period far longer than the short-term course recommended by the MTUS. Methocarbamol 750mg, #90 is not medically necessary.

**Compound Ketoprofen/Lidocaine/Baclofen 20%/5%/2% 3x a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Baclofen is not recommended or medically necessary. There is no peer-reviewed literature to support the use of topical Baclofen.

**Compound Ketoprofen/Lidocaine/Cyclobenzaprine 20%/5%/2% 2x a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Ketoprofen agent is not currently FDA approved for a topical application and is not medically necessary. It has an extremely high incidence of photocontact dermatitis.

**Ketoprofen cream 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

**Decision rationale:** The cream contains Ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. There is no peer-reviewed literature to support the use of topical Ketoprofen. Ketoprofen cream 20% is not medically necessary.

**Hydrocodone/APAP 7.5/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone/APAP, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Hydrocodone/APAP 7.5/325mg, #90 is not medically necessary.