

Case Number:	CM15-0133790		
Date Assigned:	07/22/2015	Date of Injury:	10/05/2012
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Illinois

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:

This 56-year-old man sustained an industrial injury on 10/5/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain and bilateral shoulder impingement syndrome with left shoulder arthritis. Treatment has included oral medications. Physician notes on a PR-2 dated 6/17/2015 show no new complaints. Cervical spine and right shoulder pain is rated 7-8/10. Recommendations include topical compound creams, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: The injured worker sustained a work related injury on 10/5/2012. The medical records provided indicate the diagnosis of cervical spine sprain/strain and bilateral shoulder impingement syndrome with left shoulder arthritis. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Topical cream: Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm. The topical analgesic is largely experimental drugs primarily recommended for neuropathic pain when

trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Ketoprofen and Cyclobenzaprine are not recommended. Lidocaine is not recommended in any order formulation except as Lidocaine patch.