

Case Number:	CM15-0138916		
Date Assigned:	07/29/2015	Date of Injury:	01/07/2014
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 49-year-old male, who sustained an industrial injury on 1/7/14. The injured worker was diagnosed as having right carpal sprain-strain, right wrist sprain-strain, left wrist sprain-strain right medial epicondylitis, right elbow common extension tendinosis, left medial epicondylitis, right rotator cuff tear, right shoulder moderate acromial arthrosis, right shoulder incomplete partial thickness tear of the supraspinatus tendon, left shoulder tendon tear, left shoulder bursitis, left shoulder sprain-strain, cervical disc protrusion, lumbar disc protrusion, thoracic sprain-strain and right knee medial meniscus tear. Treatment to date has included oral medications including Naproxen, Omeprazole, cyclobenzaprine and Tramadol; topical medications and activity restrictions. Currently on 5/26/15, the injured worker complains of constant neck pain, constant upper back pain, constant lower back pain, constant right shoulder pain, constant left shoulder pain, constant right and left elbow pain, constant right and left wrist pain and constant right knee pain. Physical exam performed on 5/26/15 revealed restricted range of motion of cervical spine with tenderness to palpation of C5-6 spinous process and cervical paravertebral muscles with spasm, restricted range of motion of thoracic spine with tenderness to palpation of paravertebral muscles and spasm, restricted range of motion of lumbar spine with tenderness to palpation of L4-S1 spinous processes and lumbar paravertebral muscles with spasm, restricted range of motion of right shoulder with tenderness to palpation of the acromioclavicular joint, restricted range of motion of left shoulder with tenderness to palpation of the acromioclavicular joint and posterior shoulder with spasm, restricted range of motion of right elbow with tenderness to palpation of lateral elbow, restricted range of motion of left elbow

with tenderness to palpation of medial elbow, restricted range of motion of right and left wrist with tenderness to palpation of the dorsal wrist and volar wrist and restricted range of motion of right knee with tenderness to palpation of the lateral border of patella and medial joint line. The treatment plan included a request for authorization for right knee arthroscopy surgery, shockwave therapy, refill of Naproxen, Omeprazole, Cyclobenzaprine, Tramadol and continuation of topical creams Ketoprofen and FCMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical-Keto ointment 120gms: Upheld

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

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

Decision rationale: Topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical ketoprofen is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, which includes the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Topical NSAIDs are not recommended for greater than 4-12 weeks. NSAIDs in general should be used secondary to acetaminophen for mild to moderate pain. In this case, the record does not indicate where the ointment is to be applied. It would not be appropriate for his back pain or shoulder pain. There is no indication of a trial of acetaminophen. Furthermore, the record indicates that this worker has been using this cream for several weeks and it is not medically necessary for greater than 4-12 weeks.

FCMS ointment 120gms: Upheld

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

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

Decision rationale: According to the MTUS topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the medical record does not indicate the specific agents included in the cream upon which a determination can be made regarding usefulness or therapeutic goal. The location of where this topical analgesic is to be applied is not provided. The record does not indicate that this worker has neuropathic pain or

that there has been a failure of other medications such as antidepressants or anticonvulsants.
This topical analgesic rub is not medically necessary.