

Case Number:	CM15-0142415		
Date Assigned:	08/03/2015	Date of Injury:	09/01/2011
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/22/2015

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, California

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:

This is a 46-year-old female patient, who sustained an industrial injury on 9-1-11. The diagnoses include bilateral shoulder sprain and strain, right shoulder internal derangement, left shoulder pain, bilateral elbow sprain and strain, bilateral elbow internal derangement, bilateral wrists strain and sprain and tenosynovitis and wrist carpal tunnel syndrome. Per the physician progress note dated 6-9-15, she had complains of burning bilateral shoulder pain that radiates down the arms to the fingers and rated 7 out of 10 on the pain scale; burning bilateral elbow pain that is rated 7 out of 10 on the pain scale with weakness, numbness, tingling and pain that radiates to the hands and fingers; bilateral wrist pain and muscle spasms rated 7 out of 10 on the pain scale with weakness, numbness, tingling, and pain that radiates to the hands and fingers. She stated that the symptoms persist but that the medications offer her temporary relief and restful sleep. The physical examination revealed bilateral shoulders- tenderness in the delto-pectoral groove and at the insertion of the supraspinatus muscle and range of motion decreased bilaterally; the bilateral elbows- tenderness over the left medial and lateral epicondyle; the bilateral wrists- tenderness bilaterally and decreased range of motion bilaterally, decreased sensation in the bilateral upper extremities. The current medications included Deprizine, Dicopanlol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine cream, Ketoprofen cream, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. Treatment to date has included medications, activity modifications, off of work, diagnostics and other modalities. The physician requested treatments included Ketoprofen 20% 165 grams and Cyclobenzaprine 5% 100 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 165 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) topical. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Ketoprofen, topical (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113, Ketoprofen is an NSAID.

Decision rationale: Ketoprofen 20% 165 grams. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants.") (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, Ketoprofen is not recommended by the cited guidelines for topical use as cited because of the absence of high-grade scientific evidence to support effectiveness. The medical necessity of Ketoprofen 20% 165grams is not fully established for this patient and therefore is not medically necessary.

Cyclobenzaprine 5% 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Cyclobenzaprine 5% 100 grams. Cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants.") (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, cyclobenzaprine is not

recommended by the cited guidelines for topical use as cited because of the absence of high grade scientific evidence to support effectiveness. The medical necessity of Cyclobenzaprine 5% 100 grams is not fully established for this patient and therefore is not medically necessary.