MAXIMUS Federal Services

Case Number:	CM15-0143309		
Date Assigned:	08/04/2015	Date of Injury:	01/18/2008
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 January 18, 2008. He reported injuries to his cervical spine, his lumbosacral spine, his head and right knee in a fall. Treatment to date has included diagnostic imaging, activity restrictions, platelet-rich plasma injections, psychiatric care, home exercise and medications. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms. He describes his pain as constant, moderate to severe and rates his pain a 4 on a 10-point scale. He reports that his pain is aggravated by looking up and down, side-to-side movement and repetitive motion of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. He reports burning, radicular mid back pain and muscle spasms and rates this pain a 6 on a 10-point scale. The pain is aggravated with prolonged sitting, standing, walking, and bending. He reports burning radicular low back pain which he rates a 2 on a 10-point scale and notes that is it mild in nature. He has associated numbness and tingling of the bilateral lower extremities and notes his low back pain is aggravated with prolonged positioning and by performing activities of daily living such as getting dressed and performing personal hygiene. He reports burning bilateral knee pain and muscle spasms which he rates a 2 on a 10-point scale. His bilateral knee pain is aggravated with squatting, kneeling, ascending or descending stair, and prolonged positioning. He complains of numbness, tingling and pain radiating to his feet. He reports stress, anxiety, depression and difficulty with sleep due to his chronic pain, physical limitations and inability to work. He reports that activity restrictions and his medications offer him temporary relief of pain and improve his sleep. On physical examination, the injured worker has tenderness

to palpation over the cervical spine and shoulder region. His cervical spine range of motion is limited and he has positive bilateral cervical distraction and compression tests. He has diminished sensation to pinprick and light touch over the cervical dermatomes in the bilateral upper extremities. He has tenderness to palpation over the thoracic and lumbar spine. The dermatomes of the thoracic spine are within normal limits. His lumbar spine range of motion is limited in all directions and he has positive bilateral tripod sign, flip test and Laseque's differential test. He has tenderness to palpation over the bilateral knees and crepitus is noted with range of motion. His bilateral knee range of motion is limited and he has positive squat test, Apley's compression and Murray's tests. The diagnoses associated with the request include cervical spine sprain, thoracic and lumbar spine sprain, cervical radiculopathy, bilateral knee pain, and pain in the thoracic spine. The treatment plan includes continued platelet rich plasma therapy, EMG-NCV of the bilateral upper extremities and the bilateral lower extremities, shockwave therapy for the cervical spine and bilateral knees, functional capacity evaluation, physical therapy, acupuncture, physiotherapy and chiropractic therapy to the lumbar spine and bilateral knees, bilateral knee braces, and topical pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical compound segment medication 180grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for radiating neck and radiating back pain and bilateral knee pain. When seen, there was decreased cervical spine range of motion with muscle tenderness. Cervical compression and distraction testing was positive. There was decreased upper extremity strength and sensation. There was thoracic and lumbar muscle tenderness with spasms. There was a right lumbar trigger point and sciatic notch tenderness. Lumbar range of motion was decreased. Lumbar neural tension signs were positive. There was knee joint tenderness with crepitus on the right side. There was decreased knee range of motion. McMurray's testing, compression testing, and squat tests were positive. There was decreased lower extremity strength and sensation. Medications were prescribed including topical compounded ketoprofen and Cyclobenzaprine. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.