

Case Number:	CM15-0145357		
Date Assigned:	08/06/2015	Date of Injury:	07/22/2013
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old female, who sustained an industrial injury on 7-22-2013. She reported pain in her right hand and low back due to falling. Diagnoses have included right wrist radial styloid tenosynovitis, right wrist pain, right wrist subchondral cyst, lumbar disc displacement herniated nucleus pulposus (HNP), lumbar spine degenerative disc disease, lumbar spine hemangioma and lumbar radiculopathy. Treatment to date has included physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5-26-2015, the injured worker complained of right wrist pain and muscle spasms. She rated the pain as six out of ten. She complained of low back pain and muscle spasms. The back pain was rated seven out of ten. The pain was associated with numbness and tingling of the bilateral lower extremities. She reported that medications offered her temporary relief of pain. Exam of the right wrist revealed tenderness to palpation. Exam of the lumbar spine revealed bilateral lumbar paraspinal muscle guarding and tenderness to palpation. Authorization was requested for Ketoprofen 20 percent cream and Cyclobenzaprine 5 percent cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165 grams: Upheld

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

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

Decision rationale: Ketoprofen 20% cream, 165 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketoprofen is a non FDA-approved agents for a topical application. It has an extremely high incidence of photo contact dermatitis. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine therefore the entire cream is not medically necessary.

Cyclobenzaprine 5% cream, 100 grams: Upheld

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

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

Decision rationale: Cyclobenzaprine 5% cream, 100 grams is not medically necessary per the MTUS Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine therefore the entire cream is not medically necessary.