

<b>Case Number:</b>	CM15-0183835		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/08/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 female who sustained an industrial injury on November 08, 2014. A recent primary treating follow up dated August 12, 2015 reported current medication regimen consisted of: Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. Another primary note dated August 12, 2015 reported medications of: Ketoprofen topical cream, Cyclobenzaprine topical cream. A recent primary treating office visit dated August 06, 2015 reported subjective complaint of "frequent neck pain radiating to right arm," "right shoulder pain radiating to right arm, intermittent right wrist pain and weakness," "loss of sleep" due to pain, and "anxiety and lack of energy." The following diagnoses were applied to this visit: cervical disc protrusion; cervical myospasm, right shoulder impingement syndrome, right shoulder myofascitis, right wrist pain, loss of sleep and anxiety. The plan of care is with recommendation for surgical consultation. Primary note dated July 08, 2015 reported the following prescribed: Ketoprofen topical cream, and cyclobenzaprine topical cream. An orthopedic consultation dated August 12, 2015 reported subjective complaint of: "burning, radicular neck pain and muscle spasms" described as "constant, moderate to severe." The pain is associated with numbness and tingling of the bilateral upper extremities. She has complaint of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms." She also has complaint of "burning, right wrist pain and muscle spasms." She also states, "that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep." The plan of care is with recommendation to continue medications to include: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine cream and ketoprofen cream. She is

also to attend a course of physical therapy treating cervical spine, right shoulder, and right wrist. On August 24, 2015, a request was made for medications Ketoprofen 167 GM and Cyclobenzaprine 110 GM topical creams, which were non-certified due to guidelines only with strict recommendation when trials of anti-depressant and anti-convulsing medications have failed and only, recommended for short-term use. Utilization Review assessed the case September 01, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketoprofen 167gm 20% DOS 08/14/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for radiating neck pain, right shoulder and wrist pain, insomnia, and secondary anxiety and loss of energy. When seen, there was a body mass index over 34. There was decreased and painful cervical range of motion. There was cervical paraspinal and trapezius muscle tenderness and right shoulder and wrist tenderness. There were right trapezius muscle spasms. Topical medications are being requested. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac, which could be considered as a treatment option. The requested Ketoprofen 20% cream is not considered medically necessary.

**Cyclobenzaprine 110gm 5% DOS 08/14/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated for radiating neck pain, right shoulder and wrist pain, insomnia, and secondary anxiety and loss of energy. When seen, there was a body mass index over 34. There was decreased and painful cervical range of motion. There was cervical paraspinal and trapezius muscle tenderness and right shoulder and wrist tenderness. There were right trapezius muscle spasms. Topical medications are being requested. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other topical treatments with generic availability that could be considered. This medication is not considered medically necessary.