

Case Number:	CM15-0184623		
Date Assigned:	09/25/2015	Date of Injury:	07/16/2014
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 34-year-old female, with a reported date of injury of 07-16-2014. The diagnoses include left elbow pain, left elbow lateral epicondylitis, left wrist tenosynovitis, left wrist De Quervain's tenosynovitis, left wrist triangular fibrocartilage tear, left wrist pain, left hand pain, rule out left hand internal derangement, and left thumb sprain and strain. Treatments and evaluation to date have included medications. The diagnostic studies to date have not been included in the medical records. The progress report dated 07-30-2015 indicates that the injured worker complained of left elbow pain and muscle spasms, rated 6 out of 10. The pain was associated with weakness, numbness, tingling, and pain radiating to the hand and fingers. The injured worker also complained of left wrist pain and muscle spasms, rated 6 out of 10, and associated with weakness, numbness, tingling, and pain radiating to the hand and fingers. There were also complaints of left hand pain and muscle spasms, rated 6 out of 10. The objective findings included tenderness to palpation at the left medial and lateral epicondyle; tenderness to palpation at the left extensor and flexor muscle compartments; decreased left elbow range of motion; positive Cozen's sign and Tinel's elbow; tenderness to palpation at the left TFCC (triangular fibrocartilage); tenderness at the left first dorsal extensor muscle compartment; decreased left wrist range of motion; positive Finkelstein's and TFCC load test; tenderness to palpation at the left third through fifth extension muscle compartment of the hand as well as over the carpal bones; diminished sensation to pinprick and light touch along the course of the median nerve distribution in the left upper extremity; and abnormal motor strength in all the represented muscle groups in the left upper extremity. The treatment plan included the continuation of

taking medications for pain. The injured worker has been instructed to remain off work. Her status has been noted as temporary total disability from 07-30-2015 thru 09-10-2015. The treating physician requested Ketoprofen 20% cream 167 grams, to apply a thin layer to affected area three times a day for inflammation and Cyclobenzaprine 5% cream 100 grams, to apply a thin layer to affected area three times a day for inflammation. On 09-04-2015, Utilization Review (UR) non-certified the request for Ketoprofen 20% cream 167 grams and Cyclobenzaprine 5% cream 100 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 167g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, ketoprofen is not approved for topical application. The request for topical ketoprofen is not medically appropriate and necessary.

Cyclobenzaprine 5% 100g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, cyclobenzaprine is not approved for topical use. The request for topical cyclobenzaprine is not medically appropriate and necessary.