

Case Number:	CM15-0198014		
Date Assigned:	10/13/2015	Date of Injury:	11/18/2014
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, 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 48 year old male with a date of injury on 11-18-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck, shoulders and right hand pain. Progress report dated 6-29-15 reports complaints of severe frequent head pain described as dull, and throbbing. He has complaints of constant, severe neck pain described as aching and dull. He also has complaints of right wrist and hand pain described as constant, severe, tingling and throbbing. Objective findings: cervical spasm and tenderness to the bilateral para-spinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles, axial compression test was positive bilaterally for neurological compromise, wrists and hands spasm and tenderness to the right anterior wrist and right posterior extensor tendons, Tinel's (carpal) test was positive on the right, bracelet test was positive on the right, Phalen's was positive on the right. Compound cream was prescribed. Treatments include: medication, physical therapy, shock wave therapy, injections, acupuncture. Request for authorization was made for retrospective request for Lidocaine 6 percent, Ketoprofen 10 percent, Gabapentin 10 percent and Flurbiprofen 15 percent Cyclobenzaprine 2 percent, Baclofen 2 percent, Lidocaine 5 percent dispensed on 7-22-15. Utilization review dated 9-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine 6%/Ketoprofen 10%/Gabapentin 10% and Flurbiprofen 15%/Cyclobenzaprine 2%?Baclofen 2%/Lidocaine 5% dispensed on 7/22/2015: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen and Ketoprofen are topical NSAIDs. They are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. They are recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The detail of application including location, frequency and length of use was also not specified. Since the compound above contains these topical medications, the Lidocaine 6%/Ketoprofen 10%/Gabapentin 10% and Flurbiprofen 15%/Cyclobenzaprine 2%?Baclofen 2%/Lidocaine 5% dispensed is not medically necessary.