MAXIMUS Federal Services

Case Number:	CM15-0203367		
Date Assigned:	10/20/2015	Date of Injury:	02/10/2010
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male with a date of injury on 2-10-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain of multiple orthopedic issues. Progress report dated 7-10-15 reports continued complaints of total body pain, chronic fatigue, and problems sleeping. Objective findings: skin lesions on palm better, lesions on leg worse, no new joint swelling, normal neurological exam and no rheumatoid arthritis deformities. Treatments include: medication, physical therapy, tennis strap with neoprene, whirlpool, electrical stimulation, myofascial release, arthroscopic right shoulder decompression, TENS, shock wave, knee immobilizer. According to the medical records, the injured worker has been using cyclobenzaprine cream and ketoprofen cream since at least 5-4-15.Request for authorization was made for cyclobenzaprine 5 percent cream 110 gm and ketoprofen 20 percent cream 167 gm. Utilization review dated 9-15-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% Cream 110gm: 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: The patient presents on 07/09/15 with neck pain rated 7/10, which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, bilateral elbow pain rated 7/10, lower back pain, which radiates into the bilateral lower extremities rated 7/10, and bilateral knee and ankle pain rated 7/10. The patient's date of injury is 02/10/10. The request is for Cyclobenzaprine 5% cream 110GM. The RFA is dated 07/09/15. Physical examination dated 07/09/15 reveals tenderness to palpation of the suboccipital region, trapezius muscles, scalene muscles, deltopectoral groove and insertion point of the supraspinatus muscles bilaterally, carpal bones, thenar and hypothenar eminences bilaterally, lumbar paraspinal muscles, medial/lateral joint lines of the bilateral knees, and bilateral medial/lateral malleolus. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, Capsaicin, Flurbiprofen, Menthol, and Gabapentin. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines, Topical Analgesics section, page 111 also state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the topical compounded cream containing Cyclobenzaprine, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.

Ketoprofen 10% cream 167gm: 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: The patient presents on 07/09/15 with neck pain rated 7/10, which radiates into the bilateral upper extremities, bilateral shoulder pain rated 7/10, bilateral elbow pain rated 7/10, lower back pain, which radiates into the bilateral lower extremities rated 7/10, and bilateral knee and ankle pain rated 7/10. The patient's date of injury is 02/10/10. The request is for Ketoprofen 10% cream 167gm. The RFA is dated 07/09/15. Physical examination dated 07/09/15 reveals tenderness to palpation of the suboccipital region, trapezius muscles, scalene muscles, deltopectoral groove and insertion point of the supraspinatus muscles bilaterally, carpal bones, thenar and hypothenar eminences bilaterally, lumbar paraspinal muscles, medial/lateral joint lines of the bilateral knees, and bilateral medial/lateral malleolus. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, Capsaicin, Flurbiprofen, Menthol, and Gabapentin. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal antinflammatory agents, page 111-112 has the

following: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." In regard to the compounded topical cream containing Ketoprofen, the provider has not specified an appropriate location where it is to be applied. While this patient presents with chronic pain at a number of locations, MTUS guidelines specifically indicate that such creams are not supported for complaints in the spine or shoulder, and should be reserved for use on a peripheral complaint. In this case, per medication instructions dated 08/14/15, the provider indicates that these medications are "to be applied to affected area(s) 3 times a day..." without clearly indicating that the cream is to be used on a peripheral pain complaint. Without clear documentation that the requested cream is being utilized for a peripheral complaint, the request cannot be substantiated. This request IS NOT medically necessary.