

Case Number:	CM15-0204167		
Date Assigned:	10/21/2015	Date of Injury:	07/02/2015
Decision Date:	12/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 33 year old male, who sustained an industrial injury on 7-2-15. Medical records indicate that the injured worker is undergoing treatment for neck pain, cervical radiculopathy, thoracic spine pain, thoracic radiculopathy, back pain, left knee pain and left ankle pain. The injured worker is currently working with modified duties. On (8-4-15) the injured worker complained of pain in the bilateral feet, heels, ankles, knees, low back and neck with spasms. The areas were noted to be slightly better. The pain was rated 8 out of 10 without medications and 3 out of 10 with medications. Cervical spine pain was rated 7 out of 10 with medications, cervical spasms at cervical one through seven were rated 7 out of 10 and thoracic spine spasms at thoracic one through thoracic nine were 6 out of 10 on the visual analog scale. Objective findings noted pain, tenderness and swelling. No redness or ecchymosis was noted. Cervical spine examination revealed range of motion to be decreased. The injured worker noted that his medications help relieve the pain and spasms, allowing an increase in activities of daily living and allowing him to work with modified duties. Treatment and evaluation to date has included medications, x-rays, MRI of the left knee, knee brace and walker boot. Current medications include cyclobenzaprine (since at least July of 2015), LidoPro ointment and Nabumetone. The current treatment requests are for CM3 Ketoprofen cream 20% and Cyclobenzaprine 7.5mg #60. The Utilization Review documentation dated 9-16-15 non-certified the requests for CM3 Ketoprofen cream 20% and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 Ketoprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

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

Decision rationale: The requested CM3 Ketoprofen cream 20%, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has pain in the bilateral feet, heels, ankles, knees, low back and neck with spasms. The areas were noted to be slightly better. The pain was rated 8 out of 10 without medications and 3 out of 10 with medications. Cervical spine pain was rated 7 out of 10 with medications, cervical spasms at cervical one through seven were rated 7 out of 10 and thoracic spine spasms at thoracic one through thoracic nine were 6 out of 10 on the visual analog scale. Objective findings noted pain, tenderness and swelling. No redness or ecchymosis was noted. Cervical spine examination revealed range of motion to be decreased. The injured worker noted that his medications help relieve the pain and spasms, allowing an increase in activities of daily living and allowing him to work with modified duties. Treatment and evaluation to date has included medications, x-rays, MRI of the left knee, knee brace and walker boot. Current medications include cyclobenzaprine (since at least July of 2015), LidoPro ointment and Nabumetone. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, CM3 Ketoprofen cream 20% is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Cyclobenzaprine 7.5mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the bilateral feet, heels, ankles, knees, low back and neck with spasms. The areas were noted to be slightly better.

The pain was rated 8 out of 10 without medications and 3 out of 10 with medications. Cervical spine pain was rated 7 out of 10 with medications, cervical spasms at cervical one through seven were rated 7 out of 10 and thoracic spine spasms at thoracic one through thoracic nine were 6 out of 10 on the visual analog scale. Objective findings noted pain, tenderness and swelling. No redness or ecchymosis was noted. Cervical spine examination revealed range of motion to be decreased. The injured worker noted that his medications help relieve the pain and spasms, allowing an increase in activities of daily living and allowing him to work with modified duties. Treatment and evaluation to date has included medications, x-rays, MRI of the left knee, knee brace and walker boot. Current medications include cyclobenzaprine (since at least July of 2015), LidoPro ointment and Nabumetone. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg #60 is not medically necessary.