

<b>Case Number:</b>	CM15-0205477		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

The injured worker is a 32 year old female, who sustained an industrial injury on 6-10-14. The injured worker was being treated for right hand strain-sprain with carpal tunnel syndrome, right wrist strain-sprain rule out internal derangement, right elbow strain-sprain, right shoulder strain-sprain, left hand strain-sprain, left elbow sprain-strain and cervical strain-sprain. On 8-5-15 and 9-2-15, the injured worker complains of continued pain in neck and shoulders; worse in right arm and shoulder and she complains of numbness and burning sensation in left and right hand that wakes her up at night. Work status is noted to be return to modified work. Physical exam performed on 8-5-15 and 9-2-15 revealed restricted range of motion of cervical spine with tenderness, tightness and spasm of trapezius, sternocleidomastoid and strap muscles bilaterally; tenderness of greater tuberosity of humerus, subacromial grinding and clicking; tenderness of rotator cuff muscles, atrophy of rotator cuff muscles, tenderness of supraspinatus and infraspinatus of right shoulder; left shoulder exam revealed tenderness of greater tuberosity of humerus and tenderness of rotator cuff muscles, supraspinatus and infraspinatus; right wrist and hand exam revealed tenderness over the distal radioulnar joint with tenderness of triangular fibrocartilage complex. Treatment to date has included oral medications including Anaprox 500mg, Ultram 50mg, Prilosec 20mg and Fexmid (documentation does not include how long the injured worker has utilized the medications or improvement of pain or function with use); topical creams, physical therapy, acupuncture, home exercise program and activity modifications. The treatment plan on 8-5-15 included refilling of oral and topical medications. On 10-2-15 request

for Fexmid and topical Ketoprofen-Cyclobenzaprine-Lidocaine was non-certified by utilization review.

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

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

**Fexmid:** Upheld

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

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic June 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Fexmid is not medically necessary and appropriate.

**Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, Anaprox and topical compounded Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic June 2014 injury without improved functional outcomes attributable to their use. The Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% is not medically necessary and appropriate.