

Case Number:	CM15-0023516		
Date Assigned:	02/13/2015	Date of Injury:	11/04/2010
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year old female who sustained a work related injury November 2, 2010. While performing repetitive job duties, she developed pain in her right arm, right shoulder, right wrist/hand/fingers as well as headaches gastrointestinal distress and psychological symptoms. According to a primary treating physician's report dated December 22, 2014, the injured worker presented with complaints of intermittent aching and burning headaches, neck pain and stiffness rated 5/10, right shoulder pain with numbness tingling and burning sensations into the right upper extremity rated 4-8/10, right elbow pain radiating to forearm and hand with swelling clicking and popping rated 5-9/10, right wrist hand and finger pain with numbness tingling and swelling rated 5-9/10 and depression due to her physical condition. Diagnoses are cervical spine sprain/strain; right shoulder sprain/strain; right tennis elbow; right wrist sprain/strain. Treatment included requests for a baseline functional capacity evaluation, transportation, right wrist and elbow brace. A request for authorization dated December 29, 2014, documents diagnoses as right tennis elbow and right shoulder sprain strain and requests topical creams. According to utilization review dated January 8, 2015, the request for cyclo-ketolido cream 240gm is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclo-Keto-Lido cream, 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine, Ketoprofen, Lidocaine cream #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Cyclobenzaprine is not recommended. Topical ketoprofen is not FDA approved. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; right upper extremity radicular symptoms; right shoulder sprain/strain, rule out internal derangement; right tennis elbow; and right wrist sprain/strain, left carpal tunnel syndrome. Cyclobenzaprine topical is not recommended. Topical ketoprofen is not FDA approved. Lidocaine in cream form is not indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine cream, cyclobenzaprine and topical ketoprofen) that is not recommended is not recommended. Consequently, Cyclobenzaprine, Ketoprofen, Lidocaine cream is not recommended. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine, Ketoprofen, Lidocaine cream #240 g is not medically necessary.