

<b>Case Number:</b>	CM15-0028141		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/30/2006
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 52 year old male/female, who sustained an industrial injury on 11-30-2006. The injured worker is undergoing treatment for: neck back and bilateral shoulder pain. On 11-13-14 and 12-12-14, he reported neck, back, bilateral groin, and bilateral shoulder pain. He rated his pain 6 out of 10. He indicated he had numbness in both arms along with stiffness and weakness. Physical examination revealed guarding and trigger points in the cervical spine, tenderness with no spasms in the cervico-thoracic junction, decreased cervical range of motion, decreased bilateral shoulder range of motion with decreased strength, tenderness in the bilateral elbows, and tenderness in the low back with a negative straight leg raise test, negative lasague's and full motor strength of the lower extremities. Examination of the hip and hernia are noted to be deferred. The treatment and diagnostic testing to date has included: right shoulder surgery (2007), left shoulder surgery (2008), bilateral herniorrhaphies (2011 and 2012), multiple physical therapy sessions, multiple trigger point injections, MRI of the cervical spine (10-6-14), MRI of left shoulder (6-13-14). Medications have included: none noted. Current work status: temporarily totally disabled. The request for authorization is for: compound medications: ketoprofen cream and cyclobenzaprine cream. The UR dated 1-14-2015: non-certified the request for compound medications: ketoprofen cream and cyclobenzaprine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ketoprofen Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 52 year old complains of pain in the right shoulder and the right side of the neck, as per progress report dated 12/12/14. The request is for Compound ketoprofen cream. The patient's date of injury is 11/30/06. The patient is status post bilateral shoulder surgery, as per progress report dated 12/12/14. Diagnoses also included discogenic low back pain and discogenic cervical pain. The patient is status post bilateral hernia repair, as per progress report dated 11/13/14. Diagnoses, as per this report, also included chronic cervical and lumbar sprain/strain superimposed upon degenerative disc and joint disease, and ongoing rotator cuff tendinitis. Diagnoses, as per progress report dated 10/27/14, included cervical disc displacement, cervical spine pain, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder osteoarthritis, thoracic spine pain, thoracic spine degenerative disc disease, and thoracic spine HNP. Prescribed medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Ketoprofen cream and Cyclobenzaprine cream. The patient is temporarily totally disabled, as per progress report dated 11/13/14. The MTUS Chronic Pain Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the Utilization denial letter is dated 01/14/15, and all the reports available for review are from 2014. Ketoprofen cream is first noted in progress report dated 08/05/14. It is not clear when the topical NSAID was initiated. In progress report dated 10/27/14, the treater states that topical Ketoprofen delivers a higher concentration of the NSAID to the affected area without gastrointestinal side effects, and with decreased risk of cardiovascular diseases, and reduced narcotic usage. The treater also explains that "topical NSAIDs have shown to be effective in the treatment of acute or chronic soft tissue musculoskeletal pain, mild to moderate joint pain, and neuropathic pain (radicular pain and peripheral neuropathic pain." As per progress report dated 10/01/14, medications offer "temporary relief of pain and improve his ability to have restful sleep. He denies any problems with his medications." While topical Ketoprofen has been prescribed for "inflammation," the treater does not indicate the targeted body part. There is no documentation of efficacy. Additionally, there is no diagnosis of peripheral joint arthritis or tendinitis for which this cream is indicated, and MTUS does not support the use of topical Ketoprofen for axial and spinal pain. Hence, the request is not medically necessary.

**Compound Cyclobenzaprine cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 52 year old complains of pain in the right shoulder and the right side of the neck, as per progress report dated 12/12/14. The request is for Compound cyclobenzaprine cream. The patient's date of injury is 11/30/06. The patient is status post bilateral shoulder surgery, as per progress report dated 12/12/14. Diagnoses also included discogenic low back pain and discogenic cervical pain. The patient is status post bilateral hernia repair, as per progress report dated 11/13/14. Diagnoses, as per this report, also included chronic cervical and lumbar sprain/strain superimposed upon degenerative disc and joint disease, and ongoing rotator cuff tendinitis. Diagnoses, as per progress report dated 10/27/14, included cervical disc displacement, cervical spine pain, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder osteoarthritis, thoracic spine pain, thoracic spine degenerative disc disease, and thoracic spine HNP. Prescribed medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Ketoprofen cream and Cyclobenzaprine cream. The patient is temporarily totally disabled, 11/13/14. The MTUS chronic pain guidelines 2009, page 111 and Topical Analgesics section, state: Cyclobenzaprine: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." In this case, the Utilization denial letter is dated 01/14/15, and all the reports available for review are from 2014. Cyclobenzaprine cream is first noted in progress report dated 08/05/14. It is not clear when the topical muscle relaxant was initiated. In progress report dated 10/27/14, the treater states that Cyclobenzaprine is effective in the treatment of musculoskeletal conditions such as low back pain, neck pain, fibrositis syndrome, muscle spasms, neuropathic pain, and chronic, persistent pain. The topical formulation also reduces the risk of medication dependence and abuse. As per progress report dated 10/01/14, medications offer "temporary relief of pain and improve his ability to have restful sleep. He denies any problems with his medications." While topical Cyclobenzaprine has been prescribed for "inflammation," the treater does not indicate the targeted body part. There is no documentation of efficacy. Additionally, MTUS does not support the use of Cyclobenzaprine in topical form. Hence, the request is not medically necessary.