

Case Number:	CM15-0221863		
Date Assigned:	11/17/2015	Date of Injury:	05/13/2010
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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: Family Practice

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 64 year old female, who sustained an industrial injury on 05-13-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical radiculopathy, cervical disc protrusion and bulges, right shoulder injury, right medial and lateral humeral epicondylitis, inflammatory process in the right wrist, right wrist fracture, right sided DeQuervain's tenosynovitis, lumbar strain and sprain with radiculitis, lumbar disc protrusions, and psychiatric symptoms. Medical records (03-02-2015 to 09-30-2015) indicate ongoing intermittent neck pain with occasional headaches, constant upper and lower back pain, right shoulder pain and stiffness, numbness in the left forearm and into the hand, and right wrist pain with repetitive work. Pain levels were not rated on a visual analog scale (VAS). Records also indicate improved stiffness in the low back with some improvement in activities. Per the treating physician's progress report (PR), the IW may return to work with restrictions. The physical exam, dated 09-30-2015, revealed tenderness over the cervical paravertebral muscles with spasms bilaterally, tenderness in the right trapezius, limited cervical range of motion (ROM), tenderness over the right shoulder with limited ROM, tenderness over the thoracolumbar intervertebral spaces, paravertebral muscles, sacroiliac joints and right sciatic notch, and improved ROM in the waist. Relevant treatments have included: right shoulder surgery, right arm surgery, physical therapy (PT), work restrictions, and medications (topical cyclobenzaprine for several months). The PR (09-30-2015) shows that the following medication was requested: Retrospective (DOS 9/30/15): 20% Ketoprofen and 2% cyclobenzaprine plain gel, 30gms QTY 1. The original utilization review (10-12-2015) non-certified the request for Retrospective (DOS 9/30/15): 20% Ketoprofen and 2% cyclobenzaprine plain gel, 30gms QTY 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 9/30/15): Ketopro/Cyclo Plain 20%, 2% gel, 30gms QTY 1: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. There is no evidence for use of muscle relaxant such as cyclobenzaprine as a topical product. The request for Retro (DOS 9/30/15): Ketopro/Cyclo Plain 20%, 2% gel, 30gms Qty 1 is not medically necessary or appropriate.