

<b>Case Number:</b>	CM15-0224958		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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 53 year old female, who sustained an industrial injury on 7-29-2014. The injured worker was being treated for cervical and lumbar spine musculoligamentous sprain and strain with spondylosis-rule out herniated nucleus pulposus, thoracic spine musculoligamentous sprain and strain, right upper and bilateral lower extremity radiculopathy, bilateral shoulder musculoligamentous sprain and strain, bi wrist and hand musculoligamentous sprain and strain, bilateral elbow musculoligamentous sprain and strain, diabetes, hypertension, and gastro-esophageal reflux disease. The injured worker (9-11-2015) reported abdominal pain, constipation, gas, bloating, nausea and occasional vomiting. She reported neck pain radiating to the bilateral shoulder and back, bilateral shoulder pain radiating into her arms, and hands and bilateral and elbow, right greater than left. She rated her pain as 8-9 out of 10. The physical exam (9-11-2015) revealed decreased range of motion of the cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral elbows, and bilateral wrists. The treating physician noted mild tenderness to palpation of the cervical paravertebral musculature and bilateral wrists, slight to moderate tenderness to palpation over the thoracic paravertebral musculature and right shoulder, slight tenderness to palpation over the bilateral elbows, and mild to moderate tenderness to palpation over the lumbar paravertebral musculature. Treatment has included oral pain, muscle relaxant, and proton pump inhibitor (Omeprazole) medications. Per the treating physician (9-11-2015 report), the injured worker has not returned to work. The requested treatments included retrospective Flurbiprofen-Ketoprofen-Ketamine and Gabapentin-Cyclobenzaprine-Capsaicin. On 11-5-2015, the original utilization review non-certified retrospective requests for Flurbiprofen-Ketoprofen-Ketamine and Gabapentin-Cyclobenzaprine-Capsaicin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flurbiprofen/Ketoprofen/Ketamine (unknown dosage and quantity) for DOS 09/11/2015: 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 requested Retrospective: Flurbiprofen/Ketoprofen/Ketamine (unknown dosage and quantity) for DOS 09/11/2015, 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 neck pain radiating to the bilateral shoulder and back, bilateral shoulder pain radiating into her arms, and hands and bilateral and elbow, right greater than left. She rated her pain as 8-9 out of 10. The physical exam (9-11-2015) revealed decreased range of motion of the cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral elbows, and bilateral wrists. The treating physician noted mild tenderness to palpation of the cervical paravertebral musculature and bilateral wrists, slight to moderate tenderness to palpation over the thoracic paravertebral musculature and right shoulder, slight tenderness to palpation over the bilateral elbows, and mild to moderate tenderness to palpation over the lumbar paravertebral musculature. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective: Flurbiprofen / Ketoprofen / Ketamine (unknown dosage and quantity) for DOS 09/11/2015 is not medically necessary.

**Retrospective: Gabapentin/Cyclobenzaprine/Capsaicin (unknown dosage and quantity) for DOS 09/11/2015: 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 requested Retrospective: Gabapentin/Cyclobenzaprine/Capsaicin (unknown dosage and quantity) for DOS 09/11/2015 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 neck pain radiating to the bilateral shoulder and back, bilateral shoulder pain radiating into her arms, and hands and bilateral and elbow, right greater than left. She rated her pain as 8-9 out of 10. The physical exam (9-11-2015) revealed decreased range of motion of the cervical spine, thoracic spine, lumbar spine, bilateral shoulder, bilateral elbows, and bilateral

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