

Case Number:	CM15-0031684		
Date Assigned:	03/18/2015	Date of Injury:	06/27/2003
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: North Carolina
 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 51 year old male, who sustained an industrial injury on June 27, 2003. He reported sustaining injuries to his neck and right shoulder. The injured worker was diagnosed as having chronic cervical strain, status post anterior cervical discectomy and fusion at C5-C6, right shoulder impingement syndrome status post arthroscopic surgery of the right shoulder, rotator cuff tear on the right with degenerative arthritic changes, lumbar spine discopathy, and dysphagia. Treatment to date has included cervical epidural block, removal of anterior cervical plate and anterior osteophyte and bony overgrowth above the plate on May 14, 2014, casting of right ankle fracture, and medication. Currently, the injured worker complains of ongoing pain to his neck and low back, with right ankle pain due to a fracture from July 2014, while stepping off an uneven area in his driveway. The Primary Treating Physician's report dated December 30, 2014, noted the injured worker was using transdermal creams for relief of right ankle symptoms, temporarily totally disabled because of the ankle issue, with the low back aggravated from the recent injury. The injured worker was noted to ambulate with an antalgic gait, wearing a cast boot. The lumbar spine examination was noted to show tenderness, spasm, and tightness in the paralumbar musculature, with reduced range of motion (ROM) and decreased L5-S1 sensation. The Physician noted the injured worker was in need of further care, with the transdermal creams prescribed for symptomatic relief. A DonJoy Iceman Cold Unit was recommended for the shoulder and ankle, to help facilitate rapid recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ketoprofen 20% Cyclobenzaprine 2%, Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.

1 DonJoy iceman cold unit the shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute & Chronic), Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. There is no documentation on why at home cold and hot packs would not suffice for the treatment of this patient. The patient is not acutely post surgery. There is also no indication for DVT prophylaxis. Therefore, the request is not certified.