

Case Number:	CM15-0032810		
Date Assigned:	02/26/2015	Date of Injury:	10/08/2011
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who reported injury on 10/08/2011. The mechanism of injury was: the injured worker was closing a hatch door and it yanked on her arms while at work. The prior therapies and testing included an MRI of the cervical spine without contrast and x-ray of the cervical spine and bilateral shoulders. The documentation of 12/22/2014 revealed the injured worker had shoulder joint pain, and clicking sensation in the shoulder and upper back. The injured worker had shoulder weakness. Physical examination revealed the injured worker had tenderness to palpation in the bilateral shoulders. Pain was elicited during the impingement test. The palpation of the thoracic spine revealed tenderness. The injured worker had a spasm of the paraspinal muscles. The diagnoses include shoulder sprain/strain, shoulder tendonitis, rotator cuff tendonitis and synovitis of the shoulder. The treatment plan included topical creams and tramadol hydrochloride. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1%, 30 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin; Topical Ketoprofen; Salicylate Topicals; Cyclobenzaprine Page(s): 111; 28; 112; 105; 41.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety 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. Ketoprofen is not currently FDA approved for a topical application. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy" The guidelines support the use of topical salicylates. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, multiple components of the requested topical medication are not supported per the guideline recommendations and the FDA. The request as submitted failed to indicate the body part to be treated and the frequency. Additionally, capsaicin is not recommended at the 0.0375%. There was a lack of documentation indicating a necessity for the 0.0375%. Given the above, the request for ketoprofen 10%/cyclobenzaprine 3%/capsaicin 0.0375%/menthol 2%/camphor 1%, 30 grams is not medically necessary.