

Case Number:	CM15-0040627		
Date Assigned:	03/10/2015	Date of Injury:	08/31/2008
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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 59-year-old male who reported an injury on 08/31/2008. The mechanism of injury was not specifically stated. The current diagnosis include status post cervical surgery, right knee medial meniscus tear, lumbar disc bulge, and right shoulder AC joint osteoarthritis. The injured worker presented on 12/03/2013 for a follow-up evaluation with complaints of persistent pain. The injured worker was status post lumbar epidural steroid injection. Upon examination, there was diminished range of motion. Recommendations included continuation of the current medication regimen. A prescription was issued for a compounded cream on 12/13/2013. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 12/11/13): Ketoprofen/Cyclobenzaprine Compound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is not recommended for topical use. Additionally, there was no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.