

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0045575 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 11/24/1999 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/28/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male, who sustained a work/industrial injury on 11/24/99. He reported initial symptoms of neck and shoulder pain. The injured worker was diagnosed as having C4-5 disc herniation with right sided radicular irritation, mild right shoulder impingement syndrome, and right elbow epicondylitis. Treatments to date have included medication, acupuncture, and physical therapy. Currently, the injured worker complains of neck and bilateral shoulder pain with radiation towards the left trapezius with numbness and tingling sensation occasionally. The treating physician's report (PR-2) from 2/6/15 indicated the injured worker now complains of stabbing pain in the neck and shoulders (pain 9/10) and elbows. Examination revealed normal gait, painful cervical extension, head compression sign is mildly positive, extreme tightness in the levator scapula musculature, knot of muscle in a trigger area along the medial trapezius and at the levator scapula of the shoulder blade. Shoulder retraction produces discomfort; manual traction provides a slight amount of relief. Range of motion produces significant pain and only 30 degrees of rotation are noted. Cervical flexion is limited to 25 degrees with pain. There was tenderness with palpation in the acromioclavicular joint. Strength tests and reflex tests were normal. Tinel's sign is present in the antecubital, radial nerve and ulnar nerve. Medications included gabapentin and topical creams. The treatment plan included prescription of ketoprofen 15%/ gabapentin 8%/ diclofenac 5%/ lidocaine 5% cream, 240 grams, and prescription of flurbiprofen 20%/ baclofen 2%/ cyclobenzaprine 2% cream, 240 grams. On 2/27/2015, Utilization Review non-certified the topical medications, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ketoprofen 15%/ Gabapentin 8%/ Diclofenac 5%/ Lidocaine 5% cream, 240grams: Upheld

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, ketoprofen and gabapentin are not recommended as topical ingredients by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for ketoprofen 15%/ gabapentin 8%/ diclofenac 5%/ lidocaine 5% cream, 240 grams cannot be deemed medically necessary.

Prescription of Flurbiprofen 20%/ Baclofen 2%/ Cyclobenzaprine 2% cream, 240grams: Upheld

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

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, baclofen is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for flurbiprofen 20%/ baclofen 2%/ cyclobenzaprine 2% cream, 240 grams, cannot be deemed medically necessary.