

Case Number:	CM15-0046621		
Date Assigned:	03/18/2015	Date of Injury:	02/16/2012
Decision Date:	04/20/2015	UR Denial Date:	02/21/2015
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: Arizona, California
 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 (IW) is a 61 year old male who sustained an industrial injury on 02/16/2012 from repetitive work. He reported pain in the left shoulder, neck and back. The injured worker was diagnosed as having cervical sprain/strain and radiculopathy, left shoulder and elbow sprain/strain, left wrist tenosynovitis and carpal tunnel syndrome; thoracic and lumbar sprain/strain; and lumbar radiculopathy. Treatment to date has included chiropractic care, acupuncture, extracorporeal shockwave therapy treatment, oral suspension medications, and compounded topical creams. Currently, the injured worker complains of cervical, shoulder, elbow, wrist, and hand pain that is sharp and achy occurring frequently rated a 7 on a scale of 10. He also has numbness and swelling. The treatment plan is for continuation of oral suspension medications (Synaprin 10 mg/1m, Tabradol 1mg/ml, Dicopanol 5mg/ml, Fanatrex 25 mg/ml, Deprizine 15 mg/ml; and topical compound medications 1 Cyclobenzaprine 5% cream, and Ketoprofen 20 % cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is a topical NSAID. This category is indicated for arthritis and has decreased effectiveness after 2 weeks. The claimant does not have the above diagnoses and was prescribed other topical medications. The topical Ketoprofen is not medically necessary.

Cyclobenzaprine 5% cream 110 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical Gabapentin are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.