

Case Number:	CM15-0240173		
Date Assigned:	12/17/2015	Date of Injury:	08/20/2014
Decision Date:	01/21/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 an industrial-work injury on 8-20-14. The injured worker was diagnosed as having neck sprain-strain, right upper extremity radiculopathy, lumbar sprain-strain, bilateral lower extremity radiculopathy, bilateral knee sprain-strain, bilateral wrist and hand sprain-strain, left foot sprain-strain. Treatment to date has included medication, 6 physical therapy sessions (temporary relief), and diagnostics. Currently, the injured worker complains of continuous neck pain that radiated to the upper back and right upper extremity along with numbness and tingling. Pain was rated 5-8 out of 10. There was continuous right shoulder, forearm pain radiating to hand with popping, clicking, and grinding. There was bilateral hand and wrist pain rated 5 out of 10. There was continuous pain in the lower back radiating to the bilateral lower extremities. Performing ADL's (activities of daily living) was difficult along with sleep disruption. Per the primary physician's progress report (PR-2) on 9-29-15, exam noted ambulation with a slow gait, mild tenderness to palpation to the cervical paravertebral musculature, positive Spurling's, mild tenderness to palpation over the right shoulder with reduced range of motion, positive impingement test, slight tenderness over the bilateral wrists, positive Phalen's, Reverse Phalen's, Tinel's tests, lumbar region had reduced range of motion, positive straight leg raise bilaterally and Braggard's test, Valsalva test bilaterally, slight tenderness to the bilateral knees with palpation, positive McMurray's, slight tenderness to palpation over the left foot, normal DTR (deep tendon reflexes). The Request for Authorization requested service to include Flurbiprofen/Ketoprofen/Ketamine cream to affected area two to three times a day and Gabapentin/Cyclobenzaprine/Capsaicin cream to affected area

two to three times a day. The Utilization Review on 11-13-15 denied the request for Flurbiprofen/Ketoprofen/Ketamine cream to affected area two to three times a day and Gabapentin/Cyclobenzaprine/Capsaicin cream to affected area two to three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Ketoprofen/Ketamine cream to affected area two to three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. As at least one of the requested medications is not supported by the guidelines, the request for Flurbiprofen/Ketoprofen/Ketamine cream to affected area two to three times a day is not medically necessary.

Gabapentin/Cyclobenzaprine/Capsaicin cream to affected area two to three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for Gabapentin/Cyclobenzaprine/Capsaicin cream to affected area two to three times a day is not medically necessary.