

Case Number:	CM14-0110204		
Date Assigned:	08/01/2014	Date of Injury:	06/03/2011
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was recently seen for routine follow-up evaluation on 5/20/2014. The reported complaints are essentially unchanged and objective findings are identical to the prior evaluations as early as 12/22/2013. He complains of persistent headaches rated 8/10, neck pain rated 8/10 associated with numbness/tingling of the bilateral upper extremities, right shoulder pain rated 8/10 associated with muscle spasms, abdominal pain rated 8/10, mid back pain rated 8/10, low back pain rated 8/10 associated with numbness/tingling in the bilateral lower extremities greater on the left. He also complains of feeling anxious and depressed and difficulty sleeping due to pain. Physical examination documents tenderness at suboccipital region and trapezius, restricted cervical ROM (range of motion) in all planes, positive cervical distraction, and negative maximum foraminal compression test. Right shoulder examination documents there is 2+ tenderness at AC joint and supraspinatus muscles, restricted ROM in all planes, and positive Neer's and supraspinatus test. Neurological examination documents intact sensation, decreased myotomes secondary to pain, and 2+ and symmetrical pulses in the bilateral upper extremities. The thoracic spine reveals restricted ROM in all planes, positive kemps. Lumbar examination reveals ability to heel and toe walk but has back pain, perform 15% of squat due to pain, tenderness at bilateral PSIS and L2-L5 spinous processes, bilateral lumbar paraspinal guarding, restricted ROM in all planes, and positive sitting root, Kemp's and Tripod sign tests bilaterally. Neurological examination documents slightly diminished sensation over L4-S1 dermatomes on the right, slightly decreased motor strength bilaterally due to pain, 2+ reflexes and 2+ vascular pulses of the bilateral lower extremities. The patient is prescribed: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and Terocin patches, also is to undergo LINT once per week for 6 weeks. According to the most recent urine toxicology

screen report, dated 5/21/2014, the patient's sample (collected 5/16/2014) was positive for Hydrocodone, which was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen (NSAID) 20% cream 165gms: Upheld

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

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

Decision rationale: This is a request for topical Ketoprofen. However, according to MTUS guidelines, Ketoprofen is not recommended. Ketoprofen is not FDA-approved for topical application due to a high incidence of photocontact dermatitis. Medical necessity is not established.

Cyclobenzaprine (muscle relaxant) 5% cream 100gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate Page(s): 105.

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

Decision rationale: This is a request for topical Cyclobenzaprine cream. However, according to MTUS guidelines, muscle relaxants are not recommended for topical application due to lack of demonstrated efficacy. Medical necessity is not established.