

Case Number:	CM14-0133303		
Date Assigned:	09/18/2014	Date of Injury:	08/16/2013
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, 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:

This patient sustained an injury on 8/16/13 while employed by [REDACTED]. Request(s) under consideration include Prospective use of Ketoprofen/ Cyclobenzaprine/ Capsaicin/ Menthol/ Camphor with 2 refills. Diagnoses include Left arm pain and swelling; wrist/ thumb pain; left elbow olecranon bursitis; shoulder pain; and muscle pain. Report of 7/14/14 from the provider noted the patient with 98% improvement in symptoms with daily use of topical compounded medications. Pain was described as aching in left periscapular region with aggravation by prolonged activity. Re-evaluation report of 7/30/14 noted patient with continued ongoing neck, left shoulder, and left arm pain doing well with topical medication and working. The symptoms have returned from denial of topical compound cream with current use of oral medications and H-wave. The patient reported pain and aching in left periscapular region with numbness in left arm worse with lifting. Pain rated at 0-2/10 with meds and 8/10 without. Treatment included Toradol IM injections for acute flare-up. The request(s) for Prospective use of Ketoprofen/ Cyclobenzaprine/ Capsaicin/ Menthol/ Camphor with 2 refills was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Ketoprofen/Cyclobenzaprine/Capsaicin/Menthol/Camphor with 2 refills:
Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. There is no evidence based studies to support for topical muscle relaxant use. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 outside guidelines criteria. The Prospective use of Ketoprofen/ Cyclobenzaprine/ Capsaicin/ Menthol/ Camphor with 2 refills is not medically necessary and appropriate.