

Case Number:	CM14-0138277		
Date Assigned:	09/05/2014	Date of Injury:	03/19/2014
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 70 year old female injured on 03/19/14 when she fell backward resulting in left inferior rami fracture, rib contusion, and left shoulder pain. The injured worker was treated in the emergency department with diagnostic studies and medication management. The injured worker was discharged and transferred to nursing home for physical therapy. Diagnoses included left rib contusion with no definitive acute fracture, left shoulder sprain/strain, pelvic fracture, bilateral hips sprain/strain, and left groin sprain/strain. Clinical note dated 05/28/14 indicated the injured worker complaining of left shoulder pain with associated weakness, mild swelling, numbness and tingling and burning sensation. The injured worker rated pain 3-5/10. The injured worker complained of hip pain rated 4-6/10. The injured worker complained of frequent intermittent pelvic and groin pain rated 4-6/10. Physical examination revealed tenderness to palpation of the left upper ribcage at ribs 5-7, deep tendon reflexes 2+, neurological examination normal for sensation to light touch, motor strength decreased to left deltoid 4/5, tenderness to palpation along acromioclavicular joint and supraspinatus deltoid complex on the left, impingement test positive on the left, drop arm test positive on the left, Faber and reverse Faber positive bilaterally. Treatment recommendation included physical therapy three times a week for four weeks, and naproxen 550mg #60 BID. Clinical note dated 06/05/14 indicated the injured worker presented for clinical evaluation and cardiac clearance for impending physical rehabilitation program. 12 lead EKG was noted to be normal sinus rhythm and treadmill stress echocardiogram demonstrated preserved ejection fraction. The injured worker was medically cleared to undergo work conditioning and medical rehabilitation. Clinical note dated 06/10/14 indicated the injured worker presented complaining of left shoulder pain rated 2/10 with denial of popping and clicking, improved left rib pain, and bilateral hip pain rated 1-2/10. The injured worker reported left hip pain improving with physical therapy and physical therapy mildly

helpful with mobility. The injured worker declined acupuncture and injections. Prescription for compounded topical cream provided. The initial request was non-certified on 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-keto-lido cream, 240gm with 1 refill: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains cyclobenzaprine and ketoprofen which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Cyclo-keto-lido cream, 240gm with 1 refill cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.