

Case Number:	CM14-0166813		
Date Assigned:	10/14/2014	Date of Injury:	02/21/2014
Decision Date:	11/14/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 to the right shoulder on 2/21/14 from carrying a ladder while employed by [REDACTED]. Request under consideration includes Compound topical medication: Ketoprofen 20% 165gms/ Cyclobenzaprine 5% cream 100gms. Diagnoses included right shoulder sprain/ tendonitis/ bursitis/ acromioclavicular (AC) arthrosis; lumbar sprain/ disc displacement/ radiculopathy. Conservative care has included chiropractic treatment, medications, therapy, transcutaneous electrical nerve stimulation (TENS), and modified activities/rest. Report from the provider noted the patient with ongoing symptoms. Exam of right shoulder showed limited range with positive orthopedic testing of Neer's, Jobe's, Impingement, Speed's; slight diffuse diminished sensation of C5-T1 dermatomes in right upper extremity; 4/5 diffuse motor weakness with deep tendon reflexes (DTRs) 2+; lumbar spine with tenderness, limited range and positive Lasegue's, tripod, and flip-test; slightly decreased sensation diffusely in L4, L5, and S1 dermatomes with 4/5 motor strength in bilateral lower extremities. The request for Compound topical medication: Ketoprofen 20% 165gms/ Cyclobenzaprine 5% cream 100gms was non-certified on 9/10/14 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:

Compound topical medication: ketoprofen 20% 165gms cyclobenzaprine 5% cream 100gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 containing muscle relaxant and anti-inflammatory over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury without documented functional improvement from treatment already rendered. The Compound topical medication: Ketoprofen 20% 165gms/ Cyclobenzaprine 5% cream 100gms is not medically necessary and appropriate.