

Case Number:	CM14-0047344		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2013
Decision Date:	09/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 is a 37-year-old male with a date of injury of 07/01/2013. The listed diagnoses per the treating physician are contusion of shoulder and acromioclavicular sprain/strain. According to progress report 03/12/2014, the patient presents with left shoulder and cervical spine pain. The patient states he continues to have mild dull aches, which increase with certain movements. He also complains of stiffness in his cervical spine with numbness into his right lower extremity. Examination revealed tenderness to the left shoulder and cervical spine. It is noted that patient is in physical therapy, which has helped reduce pain. The patient was given prescription for Theraflex cream 180 mg for pain, inflammation, and muscle spasm and Keratek gel 4-ounce bottle for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex transdermal cream times 180gm: 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.

Decision rationale: This patient presents with left shoulder and cervical spine pain with stiffness in the cervical spine. The patient complains of numbness that radiates into the right lower extremity. The treating physician is requesting authorization for Theraflex cream 180 mg to be utilized for patient's pain, inflammation, and muscle spasms. Theraflex transdermal cream contains Flurbiprofen, Cyclobenzaprine and menthol. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation.

Keratek gel 4oz bottle.: 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.

Decision rationale: This patient presents with left shoulder and cervical spine pain. He also complains of stiffness in the cervical spine with numbness radiating into the right lower extremity. The treating physician is requesting Keratek gel 4-ounce bottle for patient's pain and inflammation. Keratek is a compound gel that contains methyl salicylate and menthol. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not meet the indication for this medication.