

Case Number:	CM14-0165713		
Date Assigned:	10/10/2014	Date of Injury:	03/05/2011
Decision Date:	01/09/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Texas and Florida. 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 48 year old male who was injured on 3/5/2011. The diagnoses are lateral epicondylitis, right carpal tunnel syndrome, and upper extremity pain. There was subjective complaint of right arm pain, associated with tingling, numbness and weakness. On 8/26/2014, [REDACTED] noted the presence of biceps and triceps muscles weakness and atrophy of the right arm. The medications are Vicodin, naproxen and gabapentin for pain and oral cyclobenzaprine for muscle spasm. On 9/3/2014, the UDS was inconsistent with the absence of prescribed medications. A Utilization Review determination was rendered on 9/19/2014 recommending non certification for topical compound cream ketoprofen/cyclobenzaprine/capsaicin 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, cyclobenzaprine and capsaicin cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic can be utilized for the treatment of localized pain when first line oral NSAIDs, antidepressants and anticonvulsant medications have failed. It is recommended that topical medications be tried and evaluated individually for efficacy. There is lack of FDA or guideline support for the use of cyclobenzaprine in non-oral formulation. The chronic use of topical ketoprofen is associated with development of photosensitive dermatitis. The records indicate that the patient is also utilizing oral NSAIDs and oral cyclobenzaprine. The use of multiple NSAIDs is associated with increased incidence of NSAIDs related adverse effects. The criteria for the use of topical compound ketoprofen / cyclobenzaprine / capsaicin cream was not met. The request is not medically necessary.