

Case Number:	CM15-0001727		
Date Assigned:	01/12/2015	Date of Injury:	01/17/2009
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 59-year-old male who reported an injury on 10/10/2007. The mechanism of injury was not stated. The current diagnoses include multilevel cervical disc protrusion, bilateral C6 radiculopathy, probable prior chronic right C7 radiculopathy, moderate left median neuropathy at the wrist, moderate ulnar neuropathy at the elbow, residual right carpal tunnel syndrome, chronic right ulnar neuropathy, and multilevel lumbar disc protrusion. The injured worker presented on 11/19/2014, with complaints of neck and low back pain. The injured worker was utilizing naproxen and Norco as well as transdermal creams. The injured worker reported 5/10 pain in the neck, as well as bilateral hands. The injured worker also reported aching in the low back, rated 7/10. The injured worker was not attending any form of therapy. Upon examination, there was tenderness, spasm, and tightness in the paracervical musculature, mildly reduced cervical range of motion, tenderness, spasm, and tightness in the paralumbar musculature, 25 degree lumbar flexion, 15 degree lateral bending, 10 degree extension, and intact deep tendon reflexes. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Cyclobenzaprine 4%/Ketoprofen 10%/Capsaicin 0.0375% Menthol 5%/Camphor 2% cream 180gm: 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 rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Cyclobenzaprine is not recommended, as there is no evidence to support the use of a muscle relaxant as a topical product. The only FDA approved topical NSAID is diclofenac; therefore, the request for a compounded cream containing ketoprofen would not be supported. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Ketoprofen 20%/Cyclobenzaprine 2%/Lidocaine 5% cream 180gm: 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 rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Lidocaine is not recommended in the form of a cream. Cyclobenzaprine is not recommended, as there is no evidence to support the use of a muscle relaxant as a topical product. The only FDA approved topical NSAID is diclofenac. California MTUS Guidelines do not recommend lidocaine in the form of a cream. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.