MAXIMUS Federal Services

Case Number:	CM15-0111136		
Date Assigned:	06/17/2015	Date of Injury:	12/06/2011
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 66 year old male, who sustained an industrial injury, December 6, 2011. The injured worker previously received the following treatments Tabradol suspension, Fanatrex suspension, Deprizine suspension, random toxicology laboratory studies negative for any unexpected findings, Synapryn suspension, Cyclobenzaprine and Ketoprofen creams. The injured worker was diagnosed with bilateral shoulder rotator cuff tear, low back pain, other intervertebral disc displacement of the lumbar region and lumbar spine degenerative disc disease. According to progress note of March 9, 2015, the injured workers chief complaint was bilateral shoulder pain with radiation down into the arms to the fingers and associated muscle spasms. The injured worker rated the pain as 7-8 out of 10. The pain was described as constant, moderate to severe. The pain was aggravated by gripping, grasping, reaching, lifting and doing work at or above the shoulder level. The injured worker was also complaining of burning, radicular back pain radiating into the hips. The pain was rated at 7-8 out of 10. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a sitting position, ascending and descending stairs and stooping. The pain was aggravated by activities of daily living getting dressed and performing hygiene. The injured worker stated that medications only give a temporary relief. The physical exam noted tenderness with palpation at the supraspinatus and infraspinatus muscles. The range of motion of the bilateral upper extremities was diminished. The sensory to pinprick and light touch was intact over the C5-Ti dermatomes in the bilateral upper extremities. The examination of the lumbar spine noted tenderness with palpation and spasms in the lumbar paraspinal muscles. The range of motion was diminished in

all plans. The injured worker was unable to heel-toe walk. There was slightly decreased sensation to pin prick and light touch at the L4, L5 and S1 dermatomes. The treatment plan included Ketoprofen 20% topical cream and Cyclobenzaprine 5% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream Ketoprofen 20% cream, quantity 167gms: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketamine a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Topical Cream Ketoprofen 20% cream, quantity 167gms is not medically necessary.

Topical Cream Cyclobenzaprine 5% cream quantity 110gms: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cyclobenzaprine a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Topical Cream Cyclobenzaprine 5% cream quantity 110gms is not medically necessary.