

Case Number:	CM15-0113690		
Date Assigned:	06/22/2015	Date of Injury:	10/28/2014
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female, who sustained an industrial injury on 10/28/14. She reported injury to the neck, shoulders, right arm, right hand, and back. The injured worker was diagnosed as having right hand sprain/strain with internal derangement carpal syndrome, right wrist sprain/strain rule out internal derangement, cervical spine sprain/strain rule out herniated cervical disc with radiculitis/radiculopathy, right shoulder sprain/strain rule out tendinitis/internal derangement/rotator cuff tear, lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy, and right hip strain/strain rule out internal derangement. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain in the right wrist, right hand, neck, upper back radiating to the right arm, and lower back. The treating physician requested authorization for Anaprox 550mg #120, Ketoprofen 10% 3% 120g, and Capsaicin 0.0375%/Menthol 10%/Camphor 2% 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for neck, back and right upper extremity pain. When seen, there was decreased spinal range of motion. There were muscle spasms. There was right wrist tenderness with positive Tinel and Phalen testing. Spurling and Compression testing was positive. There was decreased lower extremity strength and sensation. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose (550 mg twice daily) is consistent with the guideline recommendation but the quantity requested (#120) is not. The request is not medically necessary.

Ketoprofen 10% 3%, 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-112.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for neck, back and right upper extremity pain. When seen, there was decreased spinal range of motion. There were muscle spasms. There was right wrist tenderness with positive Tinel and Phalen testing. Spurling and Compression testing was positive. There was decreased lower extremity strength and sensation. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, the claimant is also being prescribed an oral NSAID. Prescribing a topical NSAID is duplicative and not medically necessary.

Capsaicin 0.0375%, Menthol 10%, Camphor 2%, 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for neck, back and right upper extremity pain. When seen, there was decreased spinal range of motion. There were muscle spasms. There was right wrist tenderness with positive Tinel and Phalen testing. Spurling and Compression testing was positive. There was decreased lower extremity strength and sensation. Menthol is used as a topical analgesic in over

the counter medications such as Ben-Gay or Icy Hot. It works by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, oral naproxen was also prescribed at the same time and therefore there would be no evidence of intolerance or therapeutic failure. The prescribed topical medication was not medically necessary.