

Case Number:	CM15-0116593		
Date Assigned:	06/24/2015	Date of Injury:	11/25/2013
Decision Date:	07/23/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male, who sustained an industrial/work injury on 11/25/13. He reported initial complaints of neck, left upper extremity and low back pain. The injured worker was diagnosed as having left lateral epicondylitis, cervical spine sprain/strain, left shoulder tendonitis/bursitis, left wrist carpal tunnel syndrome, lumbar spine degenerative disc disease, hemangioma at L3, lumbar radiculopathy. Treatment to date has included medication, physical therapy, and chiropractic therapy. MRI results were reported on 3/5/14. Currently, the injured worker complains of burning neck pain (L>R), left shoulder pain, and left wrist pain. Per the primary physician's progress report (PR-2) on 4/28/15, exam of the cervical spine revealed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, scalene, splenius, and levator scapula muscles, mild restricted range of motion, positive cervical distraction/compression tests. The left shoulder has tenderness at the trapezius supraspinatus, rhomboid and levator scapula muscles, acromioclavicular joint tenderness with arthrosis noted and to the subacromial space and biceps tendon. There was mild range of motion restrictions. Neer's impingement test is positive. The left elbow has palpable tenderness over the left medial and lateral epicondyle, mild limited range of motion, and positive Cozen's and Tinel's signs. The left wrist had tenderness to the triangular fibrocartilage complex (TFC), carpal tunnel, and first dorsal extensor muscle compartment. Lumbar exam notes pain with toe walking, limited range of motion, positive Tripod, flip-test, and Lasegue's differential signs. The requested treatments include Compound topical medication: Ketoprofen 20% cream 167 grams, Cyclobenzaprine 5% cream 100 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication: Ketoprofen 20% cream 167 grams, Cyclobenzaprine 5% cream 100 grams: 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 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound topical medication: Ketoprofen 20% cream 167 grams, Cyclobenzaprine 5% cream 100 grams is not medically necessary and appropriate.