

Case Number:	CM15-0119508		
Date Assigned:	06/30/2015	Date of Injury:	07/26/2012
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old female, who sustained an industrial injury on 7/26/2012. She reported helping someone up off the floor subsequently developing pain in the low back, knees, shoulders, neck, head, and wrists. Diagnoses include headaches/cephalgia, cervical sprain/strain, radiculopathy, bilateral shoulder sprain, bilateral wrist sprain, lumbar spine sprain, bilateral knee sprain, gastroesophageal reflux disorder (GERD) and anxiety and mood disorder. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy and acupuncture. Currently, she complained of ongoing radicular neck pain and muscle spasms, pain in the shoulders and wrists, abdominal pain and discomfort. There was pain in the low back and bilateral knees. On 4/21/15, the physical examination documented decreased range of motion in the lumbar spine and bilateral knees, neck and wrists. The plan of care included prescriptions for Ketoprofen 20% compound cream to apply topically three times a day for inflammation; and Cyclobenzaprine 5% compound cream to apply three times daily for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Ketoprofen 20% 167g: 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 Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.

Compound cream Cyclobenzaprine 5% 110g: 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 Page(s): 113 of 127.

Decision rationale: Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested cyclobenzaprine powder is not medically necessary.