MAXIMUS Federal Services

Case Number:	CM15-0174396		
Date Assigned:	09/16/2015	Date of Injury:	10/04/2014
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency 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 19 year old female, who sustained an industrial injury on 10-4-14. Medical record indicated the injured worker is undergoing treatment for left wrist pain. Treatment to date has included physical therapy, shockwave therapy, oral medications including Deprizine, Dicopanol, fanatrex and Synapryn; and topical Cyclobenzaprine and Ketoprofen cream. On 6-16-15 and 7-21-15, the injured worker complains of burning left wrist pain and muscle spasms which are constant and mild to moderate and rated 5 out of 10 on 6-16-15 and 4 out of 10 on a pain scale. She also complains of weakness, numbness, tingling and pain radiating to the hand and fingers. She notes the symptoms persist but the medications offer her temporary relief of pain and improve her ability to have restful sleep. She is currently not working. Physical exam performed on 7-21-15, revealed tenderness to palpation at the triangular fibrocartilage complex, carpal tunnel and at the first dorsal extensor muscle compartment of left wrist. On 7-21-15 a request for authorization was submitted for Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Synapryn 500ml, Tabradol 1mg-ml, Deprizine 15mg-ml, Dicopanol 5mg-ml and Fanatrex 25mg-ml. On 8-20-15, utilization review non-certified a request for Ketoprofen 20% cream and Cyclobenzaprine 5% cream noting guidelines do not recommend any compounded medication that contains medication not recommended, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic pain guidelines, most topical substances are considered experimental with poor evidence to support efficacy or safety. Guidelines do not recommend non-FDA approved medications. Ketoprofen is an NSAID that is only FDA approved for oral use. Ketoprofen is not FDA approved for topical applications therefore this is a compounded substance. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended.

Cyclobenzaprine 5% cream 110 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: As per MTUS Chronic pain guidelines, most topical substances are considered experimental with poor evidence to support efficacy or safety. Guidelines do not recommend non-FDA approved medications. Cyclobenzaprine is a muscle relaxant that is only FDA approved for oral use. Cyclobenzaprine is not FDA approved for topical applications therefore this is a compounded substance. Guidelines do not recommend topical cyclobenzaprine since there is no evidence of any benefit from its use or any safety data, The use of a non-FDA approved application of a medication is not medically necessary. Not recommended.