

Case Number:	CM15-0176072		
Date Assigned:	09/17/2015	Date of Injury:	08/11/2014
Decision Date:	10/19/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 38 year old female, who sustained an industrial injury on August 11, 2014. On June 29, 2015 the injured worker reported burning, radicular neck pain and muscles spasms; burning bilateral shoulder pain with radiation of pain to the arms and fingers; and burning radicular low back pain. She rated her pain a 7 on a 10-point scale. Her pain was relieved with medications, rest and activity restriction. On physical examination the injured worker had tenderness to palpation over the cervical paraspinal muscles. Her cervical range of motion was limited in all planes. She had tenderness to palpation over the delto-pectoral groove and at the insertion of the supraspinatus muscle bilaterally. Her bilateral shoulder range of motion was restricted in all planes. She had tenderness to palpation over the lumbar paraspinal muscles and her lumbar spine range of motion was restricted on extension at 5 degrees, bilateral lateral flexion at 20 degrees and bilateral rotation at 20 degrees. She had decreased sensation to pinprick and light touch at L4-S1 dermatomes bilaterally and her motor strength was decreased at the bilateral lower extremities secondary to pain. The injured worker was diagnosed as having cervical spine sprain-strain, cervical radiculopathy, bilateral shoulder sprain-strain, lumbar spine sprain-strain, and lumbar radiculopathy. Treatment to date has included diagnostic imaging, topical pain medications, chiropractic therapy, and acupuncture therapy. A request for authorization for retrospective topical cream Flur-Cyclo-Lido for date of service June 29, 2015 and retrospective topical cream Keto-Lop-Men-cap for date of service June 29, 2015 was received on July 21, 2015. On August 10, 2015, the Utilization Review physician determined retrospective topical cream Flur-Cyclo-Lido for date of service June 29, 2015 and retrospective topical cream Keto-Lop-Men-cap for date of service June 29, 2015 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective topical cream Flur/Cyclo/Lido for DOS 6/29/15: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had also been given other topical analgesics. Multiple topical are not recommended. The topical cream Flur/Cyclo/Lido for DOS 6/29/15 for DOS 6/29/15 was not medically necessary.

Retrospective topical cream Keto/Lop/Men/Cap for DOS 6/29/15: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had also been given other topical analgesics. Multiple topical are not recommended. The topical cream Keto/Lop/Men/Cap for DOS 6/29/15 was not medically necessary.