

Case Number:	CM15-0177150		
Date Assigned:	09/17/2015	Date of Injury:	04/21/2012
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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 48 year old male who sustained an industrial injury on 04-26-2012. Diagnoses include left shoulder sprain-strain, and myospasm. A physician progress note dated 08-10-2015 documents the injured worker complains of left shoulder pain with tenderness, decreased range of motion and a positive impingement sign. His pain is rated 5 out of 10. On 03-18-2015 a physician progress note documents the injured worker returns because his pain has returned. His pain is in his left shoulder and it is daily and it is in the top of his shoulder to the left trapezius. He rates his pain as 5 out of 10. He has pain now in his right elbow from repetitive movements and he is seeing another physician for that. He received a cortisone injection to his left interscapula with this visit. He was prescribed Norco 5-325mg #60 and physical therapy was prescribed. In a progress note dated 05-05-2015 his left shoulder pain is the same, 5 out of 10. He was prescribed Flexor patches #60. On 06-19-2015 the physician progress note documents his left shoulder pain is the same, he rates it 5 out of 10. He received a cortisone injection at the left Rhomboid. He was given a prescription for Pennsaid. He continues to work full duty. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included medications and steroid injections. A Request for Authorization dated 08-05-2015 is for a follow up visit in 4 weeks, a urine test for toxicology, a Functional Capacity Evaluation, Acupuncture, Chiropractic therapy, topical compound creams, Naproxen Sodium, Pantoprazole, Cyclobenzaprine, Tramadol, x ray of the right shoulder, Magnetic Resonance Imaging of the right shoulder, an IF unit, an Autonomic Nervous study,

and a Sudo scan with interpreting services. On 08-17-2015 the Utilization Review non-certified the requested treatment for Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% 120gm: 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Topical Ketoprofen may be used for short term (2 weeks) for arthritis and Lidocaine for neuropathy related to diabetes or Herpes. The claimant was on oral NSAIDS and opioids as well without mention of reduction. Since the compound above contains these topical medications, the Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% is not medically necessary.