

Case Number:	CM15-0179528		
Date Assigned:	09/21/2015	Date of Injury:	03/25/2007
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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 54 year old male, who sustained an industrial injury on March 25, 2007 and reported a gradual increase of neck, shoulders, mid-back and bilateral wrist pain. The injured worker is diagnosed as having cervicgia, cervical region radiculopathy, bilateral shoulder sprain-strain, bilateral wrist pain and thoracic spine strain-sprain. His work status is modified duty. Currently, the injured worker complains neck pain and muscle spasms. The neck pain is described as burning, throbbing, aching, pulsating, hot and numbness and tingling and is rated at 7 on 10. He reports constant, moderate to severe bilateral shoulder pain (left greater than right). The left shoulder pain extends to his left arm and is accompanied by numbness and weakness. The left arm pain is rated at 7 on 10; right arm pain is 6 on 10. He has constant, moderate to severe bilateral wrist pain and muscle spasms (right greater than left). The pain is described as pulsing, aching and burning and is rated at 6-8 on 10. Lastly, he reports constant, moderate to severe mid back pain that is described as aching and penetrating near the left arm and shoulder blade and is rated at 7 on 10 and occasional headaches rated at 7 on 10. The pain is improved by medication, which is improving his sleep, and activity modifications. He reports difficulty writing and typing, grasping, lifting, tactile discrimination, riding, driving (hands start to tingle after 30 minutes of driving) and sleep disturbance due to pain. Physical examinations dated June 16, 2015-August 5, 2015 revealed cervical spine tenderness to palpation at the paravertebral muscles, "occiputs, splenius, scalene and sternocleidomastoid muscles", and trigger point is noted on the right with pain, there is decreased left and right rotation noted. Cervical distraction and compression, Spurling's and foraminal compression cause pain. There is slightly

diminished sensation over the "C5, C6, C7 and T1 dermatomes in the upper extremities". The right shoulder reveals tenderness to palpation of the anterior and posterior shoulder, bicipital groove and infraspinatus, and decreased range of motion. Speed's, Yergason's and Supraspinatus press causes pain on the right. Left shoulder reveals tenderness to palpation of the anterior and posterior shoulder, bicipital groove and infraspinatus, and decreased ranges of motion that are painful. The Apley's test is painful on extension behind his back. Motor strength is 4 on 5 in the upper extremities, deep tendon reflexes are 2+ and symmetrical in the upper extremities and vascular pulses are 2+. The bilateral elbows are tender to palpation of the anterior, lateral, medial and posterior elbow, and Valgus and Varus cause pain. There is bilateral post-surgical wrist pain and numbness (right greater than left). A positive Finkelsteins and Tinel's, which increase his right arm discomfort, are noted. The Phalen's is positive bilaterally. The bilateral wrists reveal minimal generalized tenderness to palpation, range of motion is within normal limits; however, there is pain noted with radial and ulnar deviation. Thoracic spine tenderness to palpation over the bilateral thoracic paraspinals, range of motion is within normal limits and thoracic spine dermatomes are within normal limits. Treatment to date has included bilateral carpal tunnel surgery, electrodiagnostic studies, MRIs, occupational therapy, x-rays, and acupuncture (has provided benefit). The request for Ketoprofen cream 20% 167 grams and Cyclobenzaprine cream 5% 110 grams (both with a date of service of July 30, 2015) are denied due to the lack of documentation of significant failed trials of oral medications and the compound creams are not FDA approved, per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen 20% cream 167gms (DOS 07/30/15): 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 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. 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. In addition, the topical Ketoprofen was provided with other topical medications. The topical Ketoprofen as prescribed on 7/30/15 is not medically necessary.

Retrospective Cyclobenzaprine 5% cream 110gm (DOS 07/30/15): 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 Cyclobenzaprine are not recommended due to lack of evidence. The compound was requested along with other topical medications. Multiple topicals are not recommended. Since the compound above contains these topical medications, the Cyclobenzaprine 5% cream 110gm (DOS 07/30/15) is not medically necessary.