

Case Number:	CM15-0022467		
Date Assigned:	02/12/2015	Date of Injury:	01/02/2007
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Internal 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 43 year old female who sustained an industrial injury on 1/2/07. The injured worker reported symptoms in the back and upper extremities. The diagnoses included cervical spine disc syndrome with strain-sprain disorder, radiculopathy, spinal stenosis, and associated hypertension, lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy, facet syndrome, and annular fissure and chronic pain syndrome with idiopathic insomnia. Treatments to date include status post laminectomy and insertion of spinal cord stimulator on 11/4/13, physical therapy, oral pain medications. In a progress note dated 11/20/14 the treating provider reports the injured worker was with "reduced range of motion of the cervical and lumbosacral spines in all planes...sensation and strength were reduced...tender, painful left cervical and lumbosacral paraspinal muscular spasms were present.". On 1/9/15 Utilization Review non-certified the request for Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.375 %, Menthol 2%, Camphor 1% 30 grams. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.375 %, Menthol 2%, camphor 1% 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document neck and back conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. Therefore, the request for topical compound cream containing Cyclobenzaprine is not supported by MTUS. Therefore, the request for a topical product containing Ketoprofen, Cyclobenzaprine, Capsaicin, Menthol, Camphor is not medically necessary.