

Case Number:	CM15-0079698		
Date Assigned:	04/30/2015	Date of Injury:	01/18/2008
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male with an industrial injury dated 1/18/2008. The injured worker's diagnoses include unspecified backache, pain in joint of lower leg and pain in joint of shoulder region. Treatment consisted of Magnetic Resonance Imaging (MRI), Electromyography (EMG) /Nerve conduction velocity (NCV), prescribed medications, physical therapy, chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit lumbar epidural steroid injection (ESI), and periodic follow up visits. In a progress note dated 4/1/2015, the injured worker reported chronic pain in the lower back, mid back and right knee with radiation to the bilateral lower extremities. The injured worker rated pain an average of 6/10. Objective findings revealed no acute distress. The treating physician reported that the injured worker presented for medication management and a two week assessment of right shoulder trigger point injection. The treating physician prescribed Cyclobenzaprine 5% cream and Ketoprofen 20% cream now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (12/20/2013) Cyclobenzaprine 5% cream quantity 110gms: 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(s): 111-113.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not recommend muscle relaxants such as Cyclobenzaprine for topical use. This request is not medically necessary.

Retrospective (DOS 2/2/2014) Ketoprofen 20% cream quantity 167gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not recommend Ketoprofen for topical use due to an FDA advisory regarding contact dermatitis. For these multiple reasons, this request is not medically necessary.