

Case Number:	CM15-0090700		
Date Assigned:	05/15/2015	Date of Injury:	09/29/2011
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, New York

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:

This is a 57-year-old male with a September 29, 2011 date of injury. A progress note dated April 6, 2015 documents subjective findings (neck pain; lower back pain; wrist/hand pain; insomnia; depression), objective findings (decreased range of motion of the cervical spine and lumbosacral spine; tenderness and spasm of the cervical spine; good range of motion of the bilateral wrists with positive tenderness), and current diagnoses (cervical spine sprain/strain; lumbosacral spine sprain/strain; bilateral wrist sprain; insomnia; depression). Treatments to date have included acupuncture, extracorporeal shockwave therapy, electromyogram/nerve conduction velocity study, magnetic resonance imaging of the lumbar spine (October 2, 2014; showed disc desiccation at L4-5 with disc protrusion and bilateral neuroforaminal narrowing), magnetic resonance imaging of the cervical spine (October 21, 2014; showed straightening of the cervical spine, early disc desiccation, osteophytes, disc protrusion, and bilateral neuroforaminal narrowing), and medications. The treating physician documented a plan of care that included Ketoprofen\Cyclobenzaprine\Lidocaine topical medication.

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 Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs has shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short-term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered medically unnecessary.