

Case Number:	CM15-0098172		
Date Assigned:	05/29/2015	Date of Injury:	02/16/2012
Decision Date:	07/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/21/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 61 year old male, who sustained an industrial injury on 02/16/2012. He has reported subsequent neck, left shoulder, bilateral elbow, left wrist and back pain and was diagnosed with cervical, thoracic, lumbar, left shoulder and bilateral elbow sprain/strain, cervical and lumbar radiculopathy and left wrist carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, physical therapy, acupuncture and injections. In a progress note dated 03/09/2015, the injured worker complained of neck, left shoulder, bilateral elbow, left wrist and mid and low back pain. Objective findings were notable for tenderness to palpation and decreased range of motion of the cervical spine, left shoulder, bilateral elbows, left wrist, thoracic spine and lumbar spine. A request for authorization of Ketoprofen and Cyclobenzaprine cream was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of ibuprofen orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.

Cyclobenzaprine 5% cream 110gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of ibuprofen orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. The request is not medically necessary.