

Case Number:	CM14-0147864		
Date Assigned:	09/15/2014	Date of Injury:	12/26/2011
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48-year-old was reportedly injured on October 26, 2011. The mechanism of injury is noted as a fall after the attempted to split to fighting customers apart while working as security. The most recent progress notes dated March 20 and May 27, 2014, indicates that there are ongoing complaints of neck, right shoulder, right knee and back pain. No physical examination documented or recent diagnostic imaging studies available for review. Previous treatment includes aquatic therapy, home exercise program and medications. A request was made for compound Ketoprofen powder/Cyclobenzaprine hydrochloride powder/Lidocaine HCL 10/3/5 percent, Ultraderm base cream), which was not certified in the utilization review on August 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (Ketoprofen powder 10%/Cyclobenzaprine HCL powder 3%/Lidocaine HCL 5%/Ultraderm base cream): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The chronic pain treatment guidelines further state that the use of topical muscle relaxers, including Cyclobenzaprine, is not recommended. As such, this request for Compound medication (Ketoprofen powder 10%/Cyclobenzaprine HCL powder 3%/ Lidocaine HCL 5%/Ultraderm base cream) is not medically necessary or appropriate.