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| Case Number: | CM13-0003751 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 02/01/2013 |
| Decision Date: | 01/17/2014 | UR Denial Date: | 07/09/2013 |
| Priority: | Standard | Application Received: | 07/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a thirty seven year old female who reported an injury on 02/01/2013 when she developed right shoulder pain from moving boxes, performing data entry, and carrying charts. She reported her shoulder pain went down to the elbow. She is noted to complain of moderate to severe pain to the right shoulder, which increased with use of the right arm and reaching overhead. She is noted to have been referred for physical therapy and to have been prescribed Norco and Diflucan. She is noted to have completed an unknown number of sessions of physical therapy. On 03/25/2013, she was reported to state she was feeling a little bit better, but noted physical therapy was no longer helping. On a scale of 1 to 10 her pain ranged at a five. She was noted to be still taking the hydrocodone at bedtime for pain and notes that the pain decreases secondary to medications. On physical exam, the patient was noted to have forward flexion to 180 degrees, abduction to 180 degrees, and adduction to 50 degrees with pain. On 04/22/2013, the patient continued to complain of pain, which she rated 0/10 to 5/10 and she reported using hydrocodone as needed, and to be getting better. The patient was given a prescription for tramadol as needed and hydrocodone as needed. On 06/11/2013, the patient reported she was feeling better. She was noted to have been prescribed a topical ointment to use as needed and to continue to use hydrocodone as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

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

Decision rationale: The patient is a thirty seven year old female who reported an injury to her right shoulder on 06/01/2013 due to moving boxes, performing data entry, and carrying charts. She is noted to have treated conservatively with physical therapy for an unknown number of sessions and pain medications and is reported to have returned to work. She continued to use hydrocodone as needed at bedtime and was prescribed a topical cream for treatment. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and state that there was little or no research to support the use of many of those agents and any compounded product that contained at least 1 drug or drug class that is not recommended is not recommended. However, as the ingredients of the topical analgesic were not indicated, the safety or efficacy of the product cannot be established and as such, there is no way to assess need. Based on the above, the requested topical analgesic ointment does not meet Guideline recommendations. As such, the Topical cream quantity 1.00 is non-certified