

Case Number:	CM13-0041831		
Date Assigned:	12/20/2013	Date of Injury:	12/17/2012
Decision Date:	03/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 41-year-old male who sustained injury on 12/17/2012 to his right shoulder when he slipped and fell. He was diagnosed with right shoulder rotator cuff strain. He then had MRI of the right shoulder on 02/04/2013 showed moderate to large full thickness-tear of the distal supraspinatus tendon mildly extending to the most anterior fibers of the distal infraspinatus tendon with mild supraspinatus tendon retraction and a background of tendinosis. A large full-thickness tear of the distal subscapularis tendon with moderate tendon retraction and a background of tendinosis. There is no significant rotator cuff muscle atrophy. There is mild degenerative fraying of superior/anterior labrum, mild tendinosis of long head of biceps tendon and small glenohumeral joint effusion and fluid in subacromial/subdeltoid bursa. The treatment history includes physical therapy, injections, acupuncture, chiropractic treatment, urinalysis, and medications. His medications treatment includes topical compounded creams, Naprosyn, Prilosec, Ibuprofen, and Glucosamine. A note by [REDACTED] dated 04/03/2013 indicates he presented with right shoulder constant pain, 8/10. His pain increased with rotation, lifting, carrying, pushing, reaching, and pulling activities. On exam, there was right shoulder crepitus. There was tenderness over AC joint, anterior, posterior and superior portions of right shoulder. There was weakness in right shoulder. There was a positive Neer impingement sign and Hawkins test and limited right shoulder flexion 90, extension 30, abduction 90, adduction 50, and IR/ER 90. [REDACTED] prescribed Ibuprofen, Naproxen and topical compounded cream. A note dated 08/06/2013 by [REDACTED] indicates he presented with right shoulder pain. On shoulder exam, right shoulder ROM was decreased with flexion 90, abduction 45, and IR/ER/Extension/Adduction 50. There was tenderness over AC joint and rotator cuff muscles, weakness in right shoulder, only able to lift 5 lbs, difficulties with ADLs, and positive Impingement sing and supraspinatus test on right. Motor and sensory was intact. [REDACTED] dispensed Anaprox 550 mg, Omeprazole 20

mg, Hydrocodone 10/325, and Cyclobenzaprine 10 mg. He prescribed Cartivisc 500/200/150 mg, Colox 750 mg, Toprophan #30, and OrthoDiet #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurb/Caps/Ment/Camp for the right shoulder: 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 Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, Essentials of Pain Medicin.

Decision rationale: The current medical literature does not support the use of compounded topical creams for chronic musculoskeletal conditions such as tendinosis and tendonitis. The literature for the use of topical NSAIDs is minimal and inconsistent. There is no literature supporting the use of topical muscle relaxants, and the only indication for topical membrane stabilizing and channel blocking agents is neuropathic pain. Based on these guidelines, the request is denied.