MAXIMUS Federal Services

Case Number:	CM13-0044668		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2013
Decision Date:	05/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/31/2013

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 Anesthesiology, 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 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 patient is an employee o[redacted] who filed a claim of right shoulder and low back pain associated with industrial injury date of 01/15/2013. The treatment to date includes X-ray of the thoracic spine, lumbar spine and right shoulder which showed mild hypertrophic changes of mid and lower dorsal spine without evidence of fracture. Physical therapy and chiropractic sessions were also done. MRI of the shoulder, revealed acromioclavicular osteoarthritis, probable calcific tendinitis supraspinatus tendon and infraspinatus tendinitis. MRI of the lumbar spine showed L4-S1 posterior disc bulge, EMG and NCV studies of lower extremities were done which revealed normal results. Medications prescribed include Tramadol, Tizanidine, Omeprazole, Nabumetone and topical creams (unspecified) prescribed on 03/12/13, Ibuprofen and Medrox prescribed on 4/19/13, Hydrocodone and Cyclobenzaprine prescribed on 07/05/13. The medical records from 2013 were reviewed which revealed consistent low and mid back pain which radiates equally to both legs and toes, right shoulder pain which is present most of the time. Bending, kneeling, squatting, stooping, pushing, pulling, lifting, carrying and climbing stairs increase pain. He is awakened three or more times a night due to his right shoulder pain. Physical examination showed tenderness over the right acromioclavicular joint and right coracoid process, forward flexion of shoulder is at 180 degrees left and 100 degrees right, abduction 180 degrees left, 160 degrees right, external rotation and internal rotation are at 90 degrees, left internal rotation is at 40 degrees, adduction and extension are at 50 degrees on the left and 20 degrees on the right. Positive Hawkins, Neer's, Drop test, cross shoulder abduction and impingement tests were elicited on the right shoulder. Tinel's sign is negative bilaterally. Lumbar flexion is at 60 degrees

while spinal flexion is normal. Straight leg raising is positive. Sacroiliac stress test is negative bilaterally. Flexion, abduction and external rotation of hips, with patient supine is negative bilaterally. The utilization review from 10/28/2013 denied the request of topical cream (unspecified) because California MTUS does not recommend any product, which contains at least one drug that is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS:: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to California MTUS on page 111, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, the patient has been on pain medications since 03/13 and there is no report in the medical records that the patient can't tolerate the said medications. Applying topical creams is not recommended because its efficacy is still under study and is not recommended by California MTUS. In addition, the request is not specific. Therefore, the request for topical creams is not medically necessary.