

Case Number:	CM13-0050381		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2011
Decision Date:	08/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 62-year-old female who reported an injury on 10/25/2011 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder. The injured worker's treatment history included multiple medications, acupuncture, physical therapy, and surgical intervention. The injured worker was evaluated on 07/08/2013. It was noted that the injured worker complained of 7/10 shoulder pain. Physical findings included restricted range of motion. The injured worker's diagnoses included right shoulder rotator cuff tear. The injured worker's treatment plan included acupuncture, chiropractic care, pain management and medications. This was the most recent clinical evaluation provided by the requesting physician. A request for authorization for topical creams was submitted on 01/14/2014. However, there was no supporting documentation from that date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND CREAMS: 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 Topical Analgesics Page(s): page(s) 111.

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of topical analgesics as they are considered largely experimental and supported by very few randomized controlled scientific studies. Furthermore, the request as it is submitted does not clearly identify the components of the topical creams requested. As there are several types of medications that are not FDA-approved or supported by guideline recommendations in a topical formulation, the appropriateness of the request itself cannot be determined. As such, the requested Topical Compound Creams are not medically necessary or appropriate.