

Case Number:	CM13-0054072		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2000
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice 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 reported an injury on 08/21/2000 where she pulled a heavy object, which reportedly caused injury to her cervical spine and right shoulder. The patient's most recent clinical evaluation revealed the patient had continued pain complaints rated at a 7/10 with restricted range of motion of the right shoulder and diffuse tenderness about the acromioclavicular joint and rotator cuff. It is noted that medication usage only slightly assists with pain control. The patient's diagnoses included shoulder sprain/strain, adhesive capsulitis of the shoulder, shoulder pain, shoulder impingement, cervical radiculopathy, and chronic pain syndrome. The patient's treatment plan included continuation of medications and initiation of Cyclogaba cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclogaba cream 10%/10% cream, 30 gms 1/4 to 1/2 teaspoon to sensitive area up to 2 times daily as needed for spasm and hypersensitivity, #2 disp, refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The requested Cyclogaba cream 10%/10% cream, 30 gms to teaspoon to sensitive area up to 2 times daily as needed for spasm and hypersensitivity, #2 disp, Refills 0 for medical review is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine or Gabapentin in the use of a compounded topical cream due to lack of scientific evidence to support the efficacy and safety of this type of medication. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Therefore, continued use would not be indicated. As such, the requested Cyclogaba cream 10%/10% cream, 30 gms to teaspoon to sensitive area up to 2 times daily as needed for spasm and hypersensitivity, #2 disp, Refills 0 for medical review is not medically necessary or appropriate.