

Case Number:	CM13-0068370		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2000
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 08/04/2000. The mechanism of injury was not stated. Current diagnoses include facet syndrome, neck pain, chronic pain, shoulder pain, general osteoarthritis, acromioclavicular arthritis, and brachial neuritis. The injured worker was evaluated on 10/18/2013. Current medications include cyclogaba cream 10%. The injured worker reported ongoing 6/10 pain. Physical examination revealed tenderness about the left shoulder with limited abduction and elevation, tenderness in the ulnar cubital tunnel, painful lumbar range of motion, and intact sensation. Treatment recommendations included a refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10%, #1 W/O REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS, Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Gabapentin is not recommended as there is no evidence for the use of any anti-epilepsy drug as a topical product. Cyclobenzaprine is also not recommended as there is no evidence for the use of a muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. As such, the request is noncertified.