

<b>Case Number:</b>	CM14-0000745		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 and 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 60-year-old male who reported an injury on 3/6/13. The mechanism of injury was not provided in the documentation. Per the clinical note dated 12/13/13, the injured worker reported full range of motion. The injured worker reported no pain and strength was intact. He denied any numbness or tingling in his upper extremities or hands, and he denied any pain at night. He was reportedly not prescribed any medications and he was not working. Upon physical exam, inspection revealed well-healed trocar incisions; no edema or ecchymosis were noted and no signs of infection were noted. There was minimal tenderness over the bicipital groove. Range of motion was intact. The rotator cuff testing was 5/5. The injured worker had a left shoulder arthroscopic repair and correction on 6/11/13. The diagnoses for the injured worker were included as rotator cuff tear to the left shoulder, traumatic, status post surgery, and contusion to the shoulder, active. Per the clinical note dated 12/12/13, the injured worker reported that he had finished his formal physical therapy, and he had continued with the home exercise program twice a day. He denied taking any pain medications. Upon physical exam, he could actively abduct to 180 degrees, and actively forward flex to 130 degrees. He did not exhibit any internal rotation contracture bilaterally. Rotator cuff exam was 4+/5 with isolation of the supraspinatus. Per the physical therapy discharge summary dated 10/28/13, the injured worker was moving his arm within the physician's orders; he was using the ice machine five times per day after exercises and prior to bed for 20 minutes at a time. All range of motion and strength values were within functional limits. There were no upper extremity radicular symptoms or complaints noted and no upper extremity sensory or vascular deficits were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL KETO/CYCLO/CAP/MENTH/CAMPH 120ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Per the California MTUS Guidelines, topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical applications as it has an extremely high incidence of photocontact dermatitis. Capsaicin is recommended only as an option in patients who have not responded to or who are intolerant to other treatments. There is no evidence for the use of any other muscle relaxants, such as cyclobenzaprine, for topical application. There was a lack of clinical documentation regarding the use of this cream prior to this refill request. There was no indication of the efficacy of this medication, the dosage that the patient was using, and the frequency of the medication usage. Additionally, the medication contains elements within the compound which are not recommended for topical use. As such, the request is not medically necessary.