

<b>Case Number:</b>	CM14-0163994		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine & Rehabilitation, 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:

This 57 year-old patient sustained an injury on 7/28/13 while employed by [REDACTED]. Request(s) under consideration include K-Rub II cream, #120GM. Diagnoses include cervical sprain; lumbar sprain; and left shoulder sprain. Report of 2/7/14 noted the patient had reached MMI with discharge noted indicating x-rays of shoulder demonstrating mild degenerative changes. Report of 7/2/14 from the provider noted ongoing chronic left shoulder and neck restrictions in movement. Treatment noted mediations including topical compounds, x-rays, and chiropractic care. Report of 8/13/14 from the provider noted the patient with intermittent left shoulder pain with activities. Exam showed decreased shoulder range of motion otherwise without noted neurological deficits. The request(s) for K-Rub II cream, #120GM was non-certified on 9/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**K-Rub II cream, #120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 214, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Largely experimental in use with few randomized controlled trials to determ.

**Decision rationale:** This 57 year-old patient sustained an injury on 7/28/13 while employed by [REDACTED]. Request(s) under consideration include K-Rub II cream, #120gm. Diagnoses include cervical sprain; lumbar sprain; and left shoulder sprain. Report of 2/7/14 noted the patient had reached MMI with discharge noted indicating x-rays of shoulder demonstrating mild degenerative changes. Report of 7/2/14 from the provider noted ongoing chronic left shoulder and neck restrictions in movement. Treatment noted medications including topical compounds, x-rays, and chiropractic care. Report of 8/13/14 from the provider noted the patient with intermittent left shoulder pain with activities. Exam showed decreased shoulder range of motion otherwise without noted neurological deficits. The request(s) for K-Rub II cream, #120gm is not medically necessary.