

Case Number:	CM14-0164560		
Date Assigned:	10/09/2014	Date of Injury:	06/16/2010
Decision Date:	11/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 s

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 is a 68 year old male who was injured on 06/16/2010 while lifting a heavy object when he felt left shoulder pain. Prior treatment history has included physical therapy, acupuncture, and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Prior medication history included Lorazepam, Zolpidem, and bupropion. Progress report dated 09/18/2014 states the patient presented with low back pain rated as an 8/10. On exam, there were no significant findings documented. The patient is diagnosed with bilateral carpal tunnel syndrome, left shoulder sprain/strain, and lumbar spine sprain/strain. He was recommended topical analgesics. There is documented history of medications requested. Prior utilization review dated 10/02/2014 states the requests for Cyclo cream 60gm with 1 refill; and Naproxen cream 240gm with 1 refill are denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo cream 60gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class that is not recommended renders the entire medication to be not recommended. Cyclobenzaprine is a muscle relaxant that is not recommended for topical use. There has not been sufficient clinical data to prove a benefit with topical muscle relaxants. Additionally, the request did not indicate a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Naproxen cream 240gm with 1 refill: 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 NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks for treatment of osteoarthritis. There is insufficient evidence that the patient has osteoarthritis. It is not clear if the patient has been utilizing topical NSAIDs and if so what the response to therapy has been. The clinical documents provided are mostly handwritten, illegible, and contain minimal subjective/objective information. The request did not include a site for application or a frequency of use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.