

<b>Case Number:</b>	CM14-0168756		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Orthopedic Surgery 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:

Patient is a 57-year-old female with reported industrial injury of October 27, 2013. Right upper extremity MRI from 11/1/2013 demonstrates full-thickness tear of the supraspinatus tendon with moderate atrophy as well as a full-thickness tear of the anterior plate extending and early degenerative changes at the glenohumeral joint with moderate intra-articular biceps tendinosis. Exam note from August 25, 2014 demonstrates complaints of right shoulder pain, right hand and right hip pain. The patient reported limited motion and strength in the right shoulder with aggravation of activities of daily living. Objective findings demonstrate right shoulder abduction 0-80, internal rotation of 0-20, and external rotation 0-30. A Hawkins sign and drop arm sign were noted to be positive. There was 4 out of 5 strength in the right deltoid noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207 208.

**Decision rationale:** On pages 207-208 of the CA MTUS/ACOEM guidelines, Chapter 9 Shoulder complaints regarding imaging of the shoulder recommends imaging for red flag symptoms, physiologic evidence of tissue insult, neurovascular dysfunction or failure to progress in a strengthening program. In addition, imaging such as MRI would be appropriate for clarification of anatomy prior to an invasive procedure. None of the criteria has been satisfied based upon the note from 8/25/14. Therefore the request for MRI of the shoulder is not medically necessary and appropriate.

**Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180 grams:** 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): 111-112.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, pages 111-112, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. [They are] primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the determination is for not medically necessary.