MAXIMUS Federal Services

Case Number:	CM14-0027351		
Date Assigned:	06/13/2014	Date of Injury:	09/15/2013
Decision Date:	08/13/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The patient is a 62-year-old male with a reported injury date of 09/15/2013. The mechanism of injury was not provided. His diagnoses include right thoracic outlet syndrome, full-thickness tear of the supraspinatus, and right shoulder degenerative joint disease. The clinical note dated 12/11/2013 noted that the injured worker had numerous subjective complaints that included neck pain rated 8/10 that radiates to the right elbow, right shoulder pain rated 7/10, and right arm/finger pain rated 7/10. It was noted that since the patient's injury, he has undergone medication management, heat packs, physical therapy, massage therapy, electrical stimulation, and trigger point injections; however, with the treatment to date, the patient reports that he feels his condition has worsened by 30%. On physical examination of the cervical spine, it was noted there was decreased range of motion and tenderness in the strap muscles. In addition, it was also noted there were trigger points to the right trapezius, as well as torticollis toward the affected side. The examination of the right shoulder noted that there was significantly decreased range of motion and evidence of atrophy of the pectoralis minor at the lateral aspect. In addition, it was noted there were positive trigger points and that the injured worker was unable to perform Addison's test secondary to range of motion. On neurological examination, it was noted that the injured worker had minimal strength on the right distally and proximally and there was decreased sensation throughout the right extremity to include diminished reflexes. It was noted that an MRI of the right shoulder performed on 11/19/2013 revealed a full-thickness tear of the supraspinatus tendon, moderately severe degenerative arthritis with acromioclavicular joint, and fluid in the subacromial arch, subdeltoid bursa, and subcoracoid, consistent with bursitis and/or rotator cuff tear. The patient was prescribed Napro 15% cream to apply every 8 hours as needed. There was no Request for Authorization form provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NAPRO 15% CREAM: 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 TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The retrospective request for Napro 15% cream is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized, controlled trials to determine efficacy or safety. In addition, the guidelines state that the efficacy in clinical trials for the use of non-steroidal, anti-inflammatory topical agents is inconsistent, and most studies are small, and of short duration. However, the guidelines state that topical non-steroidal anti-inflammatory agents may be recommended for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines also state that there is little evidence to utilize topical non-steroidal anti-inflammatory agents for treatment of osteoarthritis of the spine, hip, or shoulder. Based on the documentation provided for review the patient's symptoms are related to the cervical spine and right shoulder. The guidelines state that topical non-steroidal anti-inflammatory drugs are not indicated for spine and/or shoulder. Therefore, the requested topical medication is not medically necessary.