

Case Number:	CM14-0034091		
Date Assigned:	06/20/2014	Date of Injury:	03/11/2013
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 52-year-old female injured on March 11, 2013. The mechanism of injury was noted as a blunt force trauma to the head. The most recent progress note, dated February 12, 2014, indicated that there were ongoing complaints of neck and shoulder pain. The physical examination demonstrated a decrease in right shoulder range of motion. Sensation was intact, and motor function was intact. An equivocal O'Briens test was noted. Diagnostic imaging studies objectified degenerative changes in the cervical spine. Previous treatment included medications, physical therapy, epidural steroid and trigger point injections. A request had been made for analgesic cream and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Analgesic cream 2-3 x/day: 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: The injured worker is with a greater than one year history of a minor blunt trauma to the head and neck. The physical examination noted a decrease in range of motion, and

imaging studies noted a degenerative change. A partial rotator cuff tear had been diagnosed. There was no clinical indication for a topical preparation, which is noted to be "largely experimental," as noted in the Chronic Pain Medical Treatment Guidelines. Therefore, based on the injury sustained, the pathology objectified, the current clinical assessment and the parameters outlined in the Chronic Pain Medical Treatment Guidelines, the request for Analgesic cream 2-3 times a day is not medically necessary.