

Case Number:	CM14-0051438		
Date Assigned:	06/23/2014	Date of Injury:	08/21/2000
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 66 year old female who reported an injury on 08/21/2000 due to an unknown mechanism. The injured worker complained of persistent shoulder and scapular region pain rated 7/10. On 02/03/2014 the physical examination revealed tenderness in the anterior aspect of the right shoulder. The abduction and forward flexion of the right shoulder is 90 degrees with pain. The strength score is 4/5 in the right shoulder abduction and forward flexion. There were no diagnostic studies submitted for review. The injured worker had diagnoses of shoulder impingement, shoulder sprain/ strain, adhesive capsulitis of shoulder, cervical radiculopathy, and chronic pain syndrome. The injured worker was on the following medications omeprazole 20mg, cyclobenzaprine/ gabapentin, nucynta 50mg, and flector patch 180mg. The current treatment plan is for compound cyclogaba cream 10% 10% cream, 10gms, teaspoon 2 times daily as needed, #1, Refills: 0:. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclogaba Cream 10%, 10% Cream, 10gms, 1/2 teaspoon 2 times daily as needed, #1, Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for compound: cyclogaba cream 10% 10% cream, 10gms, teaspoon 2 times daily as needed, #1, refills: 0: is non-certified. The injured worker has a history of persistent shoulder and scapular region pain. The CAMTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no rationale of why the injured worker would require a topical cream verses oral medications. There was lack of documentation indicating the failure of antidepressants and anticonvulsants. In addition, there is lack of subjective complaints of neuropathic pain. Given the above the request for compound cream 10% 10% cream, 10gms, teaspoon 2 times daily as needed, #1 refills: 0: is non-certified.