

Case Number:	CM14-0064102		
Date Assigned:	07/11/2014	Date of Injury:	04/10/1995
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational 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 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 58-year-old male who has submitted a claim for rotator cuff tear of the right shoulder associated with an industrial injury date of April 10, 1995. Medical records from 2013-2014 were reviewed. The patient complained of right shoulder pain. There was progressive loss of range of motion of the right shoulder. Physical examination findings were not available for review. According to a previous utilization review dated April 22, 2014, MRI of the right shoulder dated August 2, 2013 revealed supraspinatus tendinosis, biceps tenosynovitis, minimal subacromial bursitis, acromioclavicular joint osteoarthropathy, and subchondral cyst/erosion at the lateral aspect of the humeral head. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, massage therapy, psychotherapy, steroid injection, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraflex G cream: 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): 111-113.

Decision rationale: UltraFlex-G contains the following active ingredients: gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAID formulation is only supported for diclofenac in the California MTUS. The MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic as well. In this case, it is not known if patient has currently been using topical medications. There was no mention that the patient was intolerant to oral medications. Furthermore, the components of this cream, i.e., gabapentin, cyclobenzaprine, and tramadol are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.