

Case Number:	CM14-0092617		
Date Assigned:	07/25/2014	Date of Injury:	03/19/2012
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 records presented for review indicate that this 37-year-old gentleman was reportedly injured on March 19, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of left shoulder pain and low back pain. The physical examination of the left shoulder revealed tenderness at the AC joint, tenderness at the levator scapulae muscle and tenderness at the rotator cuff muscles. There was decreased left shoulder range of motion and decreased sensation although it was not stated where. An examination of the lumbar spine noted decreased range of motion and tenderness along the lumbar paraspinal muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left shoulder surgery a request had been made for Cyclophene 5% in PLO gel 120 grams and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclophene 5% in PLO gel 120 grams for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Cyclophene is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Cyclophene 5% in PLO gel 120 grams for left shoulder is not medically necessary.