

Case Number:	CM14-0143347		
Date Assigned:	09/12/2014	Date of Injury:	11/19/2010
Decision Date:	07/20/2015	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 11/19/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having carpal tunnel syndrome, shoulder pain, depression, chronic pain syndrome, muscle pain, other affections of the shoulder region not elsewhere classified, right partial tear of the supraspinatus and subscapularis rotator cuff tear, superior labrum anterior and posterior tear of the right shoulder, and right acromioclavicular joint arthritis. Treatment and diagnostic studies to date has included medication regimen, shoulder injections, electromyogram with nerve conduction velocity, home exercise program, use of ice, use of H-wave unit, use of wrist splints, status post shoulder surgery, and status post carpal tunnel release. In a progress note dated 08/20/2014 the treating physician reports complaints of pain to the wrist, hand, and right shoulder along with complaints of depression. Examination reveals tenderness to the bilateral upper arms and the anterior aspect of the right shoulder, limited range of motion to the right shoulder secondary to pain, and a positive impingement sign. The injured worker's current medication regimen includes Flexeril, Gabapentin, Tramadol, Norco, Zantac, Fanapt, Cymbalta, and Intermezzo SL. The injured worker's pain level is rated 8 out of 10 without use of her medication regimen and a 6 out of 10 with use of her medication regimen. The treating physician notes that the injured worker is able to complete activities of daily living and the medications are noted to be tolerated. The treating physician requested a topical compound cream 120gm times three refills to assist with her neuropathic pain and numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound cream 120gm x 3 refills: 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 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2010 without documented functional improvement from treatment already rendered. The Topical Compound cream 120gm x 3 refills is not medically necessary and appropriate.