

Case Number:	CM14-0171023		
Date Assigned:	10/23/2014	Date of Injury:	11/05/2011
Decision Date:	05/08/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/16/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old male, who sustained an industrial injury on 11/05/2011. Diagnoses include neck pain, left shoulder pain, left rotator cuff repair, right shoulder pain and left biceps repair. Treatment to date has included multiple surgical interventions (right carpal tunnel release (2005), left carpal tunnel release (2012), left rotator cuff repair (1/26/2012), left biceps repair (2/24/2012) and manipulation under anesthesia (9/04/2013). He has also had diagnostic studies, mediations, chiropractic, injections, home exercise, H wave unit and occupational therapy. Per the Primary Treating Physician's Progress Report dated 7/22/2014, the injured worker reported neck and bilateral shoulder pain. Pain is rated as 8-9/10 without medication and 4/10 with medication. He reported numbness and tingling down right hand and thumb and index finger and the on the left side he has tingling over the left biceps. Physical examination revealed decreased range of motion ion both shoulders. The right shoulder he is able to abduct and flex to about 140 degrees. The left, he is only able to abduct and flex to about 90 degrees. Cervical range of motion is also decreased with flexion and extension. He does have tenderness along the left side cervical spine to the upper left side trapezius and across the shoulder blade region and into the biceps. The plan of care included acupuncture and medications and authorization was requested for compound cream (Ketoprofen 10%, Cyclobenzaprine 3%, Capsaicin 0.0375%, menthol 2%, and camphor 1%).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPOUND CREAM 30 GRAMS (KETOPROFEN 10%, CYCLOBENZAPRINE 3%, CAPSAICIN 0.0375%, MENTHOL 2%, CAMPHOR 1% IN UL) DOS 8/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 53 year old male with an injury on 11/05/2011. He has neck pain and bilateral shoulder pain. He had a left rotator cuff repair and left biceps repair. On 07/22/2014 he had bilateral shoulder pain and neck pain. MTUS, Chronic Pain guidelines note that if one active ingredient of a compound medication is not recommended then the entire compound topical analgesic is not recommended. Cyclobenzaprine and Menthol are both not recommended. Thus, the requested compound topical analgesic cream is not recommended; it is not medically necessary.