

Case Number:	CM14-0192722		
Date Assigned:	11/26/2014	Date of Injury:	02/22/2011
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 48-year-old male presenting with a work-related injury on February 22, 2011. The patient complained of neck, right shoulder, right elbow, and right hand/wrist pain. The patient has tried physical therapy and acupuncture. Patient is status post right elbow surgery on September 15, 2011. X-ray of the right elbow showed olecranon spurring. X-ray of the right shoulder bold severe supraspinatus and mild subscapularis tendinosis. Follow-up x-ray of the right shoulder revealed likely impingement from severely effaced subacromial space. MRA of the right shoulder showed severe supraspinatus and mild subscapularis tendinosis. The physical exam was significant for mild tenderness over the right supraspinatus, and moderate tenderness over the biceps tendon; there's tenderness over the right clavicle; shoulder movements are painful; tenderness to palpation over the trapezius; tenderness to palpation of the medial condyle; tenderness with attempting Tinel's at the ulnar at the cubital tunnel; tenderness to palpation at the extensor mass and flexion with palpation over the lateral aspect of the acromion patient reports numbness in the small finger. Patient was diagnosed with right shoulder pain as well as symptoms of cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Creams FLA cream 180 grams, Gabacyclotram 180 grams: Upheld

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

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

Decision rationale: Compound creams FLA cream 180 grams, Gabacyclotram 180 grams is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested therapy is not medically necessary.