

Case Number:	CM14-0196215		
Date Assigned:	12/04/2014	Date of Injury:	04/14/2011
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 51 year old male with an injury date on 04/14/2011. Based on the 06/25/2014 progress report provided by the treating physician, the diagnoses are:1. Adhesive capsulitis of shoulder2. Arthroscopic affections shoulder region NEC3. Rotator cuff sprain and strain According to this report, the patient complains of right shoulder pain. Physical exam reveals an "80% active 90% passive range of motion" of the bilateral shoulder. Tenderness is noted at the bilateral SC joint. The patient's condition is permanent and stationary with work restrictions; a 15 pound limit for pushing and pulling with the right upper extremity and no repetitive overhead work. The treatment plan is patient will continue strict home exercise program, applied compound cream to both shoulders, continue with Diclofenac, will refer for physical therapy, and patient will return in 6 weeks for reassessment. The patient's past treatment consist of right shoulder surgery, FluoroScan r-rays, PT, and drug test. There were no other significant findings noted on the records. The utilization review denied the request for Restrospective Keto/cyclo /caps compound cream, DOS 06/25/2014 on 11/10/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/25/2014 to 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Keto/ Cyclo/ Caps Compound Cream, DOS: 6/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, Topical Cream Page(s): 111-113.

Decision rationale: According to the 06/25/2014 report, this patient presents with right shoulder pain. The current request is for Restrospective Keto/cyclo /caps compound cream, DOS 06/25/2014. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request is not medically necessary.