

<b>Case Number:</b>	CM14-0048432		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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: California, Illinois  
 Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 61 year old male with a 4-19-12 date of injury. At the time (4-9-14) of the Decision for Myoflex cream (topical salicylate) 4oz, there is documentation of subjective (right shoulder pain radiating to the neck; and right elbow pain radiating to the arm and shoulder) and objective (right shoulder tenderness to palpation with limited range of motion; and left elbow tenderness to palpation) findings, current diagnoses (right shoulder tendinitis, impingement syndrome and possible rotator cuff tear; and left elbow tendinitis), and treatment to date (physical therapy and medications (Mobic and Dendracin cream). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), an intention for short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myoflex cream (topical salicylate) 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right shoulder tendinitis, impingement syndrome, and possible rotator cuff tear; and left elbow tendinitis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention for short-term use (4-12 weeks). In addition, given documentation of treatment with Mobic, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Myoflex cream (topical salicyclate) 4oz is not medically necessary.