

Case Number:	CM14-0063448		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2012
Decision Date:	01/27/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 Family Practice 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 injured worker is a 55-year-old male who experienced an industrial injury 10/05/12. There was one provider's note which indicated his complaints were due to cumulative trauma to his neck, bilateral shoulders, and low back. There is also a physician's report which mentioned the patient's complaints were due to him tripping over a chair and landing on his back, so the mechanism of injury is unclear. Upon his alleged fall, which he landed on his back, he complained of back pain immediately following the fall. There was a cervical MRI done 12/17/13 showed C3-4, 2.2 mm central focal disc protrusion that abuts the thecal sac; C4-5, 3.3 mm disc protrusion that abuts the spinal cord producing spinal cord narrowing. Combined with facet and uncinat arthropathy, there is bilateral neuroforaminal narrowing; C5-6, 2.2 mm broad-based disc protrusion that abuts the thecal sac. Combined with facet and uncinat arthropathy, there is bilateral neuroforaminal narrowing; no other significant findings were noted. A lumbar MRI was done 12/17/13, revealed L2-3 3.3 mm disc protrusion and facet hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing; L3-4, 5.5 mm disc protrusion and facet hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing; L4-5, 4.5 mm disc protrusion and facet hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing; L5-S1, 6.7 mm disc protrusion that posteriorly displaces the S1 nerve roots. Combined with facet hypertrophy produces spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing. Partially visualized probable left renal cyst. However, if clinically indicated, followup with ultrasound is recommended to further evaluate. A right shoulder MRI was done 12/17/13, revealed a near-complete full-thickness tear of the supraspinatus with approximately 17 mm of medial retraction. Glenohumeral joint effusion and fluid within the subacromial/subdeltoid space. Partial-thickness tearing and tendonosis of the infraspinatus and subscapularis tendons. There was a left shoulder MRI done 12/17/13, showed

a prior rotator cuff repair. Partial-thickness tearing of the distal supraspinatus and infraspinatus tendons. Infraspinatus and subscapularis tendinosis. Possible prior subacromial decompression/acromioplasty. The patient was prescribed the Terocin Topical cream, Flurbiprofen (NAP) Cream LA, and Gabacyclotram topical creams for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical compound cream

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.