

<b>Case Number:</b>	CM15-0001890		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72-year-old female who reported an injury on 04/30/2001. The mechanism of injury was not specifically stated. The current diagnoses include right shoulder partial rotator cuff tear and right elbow internal derangement. The injured worker presented on 08/28/2014 with complaints of right shoulder pain rated 8/10, constant right elbow pain rated 8/10, and numbness and tingling in the right elbow. The injured worker denied side effects or GI symptoms with oral and topical medication. Upon examination of the right shoulder, there was 140 degrees forward flexion, 25 degrees extension, 140 degrees abduction, 40 degrees adduction, 70 degrees internal and extension rotation and positive impingement sign. There was tenderness along the trapezius on the right with spasm. Examination of the right elbow revealed 120 degrees flexion, 0 degrees extension, 70 degrees supination and pronation, lateral epicondyle tenderness and decreased sensation along the C6-C8 dermatomes. Recommendations included continuation of the current medication regimen of omeprazole 20 mg, Terocin pain patch, Methoderm gel and Calypso 2% cream. The patient was also given a prescription for ibuprofen 800 mg and Aciphex 20 mg. A request for authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Tube of Methoderm Gel 120 Grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream-html>

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. There was no documentation of a failure of oral medication prior to initiation of a topical analgesic. There was also no frequency listed in the request. There was no objective functional improvement despite the ongoing use of this medication. Given the above, the request is not medically appropriate.

**20 Terocin Pain Patches:** 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 Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. There was no documentation of a failure of oral medication prior to the initiation of a topical analgesic. Additionally, there is no frequency listed in the request. There was no documentation of objective functional improvement despite the ongoing use of the above medication. Given the above, the request is not medically appropriate.

**1 Container of Calypxo Cream 2%:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. It was noted on 08/28/2014, Calypxo 2% cream was issued to be applied for temporary relief of pain and itching due to minor skin irritation such as cuts, scrapes, sunburn and minor burns. However, the injured worker did not report any of the above mentioned symptoms. Therefore, the medical necessity has not been established in this case. There was also no frequency listed in the request. As such, the request is not medically appropriate.