

Case Number:	CM15-0131067		
Date Assigned:	07/17/2015	Date of Injury:	06/17/2003
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 68 year old female, who sustained an industrial injury on June 17, 2003. The mechanism of injury was not provided in the medical records. The injured worker has been treated for bilateral shoulder complaints. The injured worker was diagnosed with bilateral shoulder massive rotator cuff tears. Documented treatment and evaluation to date has included medications, cortisone injection and bilateral massive rotator cuff repairs. Work status was not provided in the medical records. Most current documentation dated December 18, 2014 notes that the injured worker reported mild occasional right shoulder pain. Examination of the right shoulder revealed mildly positive impingement signs one and two and a mildly positive Jobe test. Rotator cuff strength was full. Neurovascular examination was intact. The injured worker had mild discomfort at the base of the neck and about her paravertebral muscles. The injured worker was noted to take medications sparingly because they caused gastrointestinal upset. The treating physician's plan of care included a request for the compound cream: 10% Cyclobenzaprine, 2% Lidocaine, apply 2-3 times a day, 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Grams: Cyclobenzaprine 10%/Lidocaine 2% apply 2-3 times a day: 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 analgesic Page(s): 111.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and there is no guideline support for the use of topical muscle relaxants. The request for topical cyclobenzaprine/lidocaine is not medically appropriate and necessary.