

Case Number:	CM15-0133360		
Date Assigned:	07/21/2015	Date of Injury:	04/29/2012
Decision Date:	08/18/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female with an industrial injury dated 04/29/2015. Her diagnoses included status post right shoulder rotator cuff repair/subacromial decompression, persistent tendinopathy/calcific tendinitis right shoulder and cervical pain. Prior treatment included physical therapy, home exercise, activity modification, anti-inflammatory drugs and ice. She presents on 06/10/2015 post right shoulder arthroscopy, remote. She had noted initial improvement however condition was worsening. She complained of right shoulder pain rated as 8/10 and was refractory to prior treatment. Cervical pain was rated as 6/10. Medication included Tramadol ER 100 mg twice a day. She was inquiring in regards to topical non-steroidal anti-inflammatory medications. Physical exam noted tenderness in right shoulder with abduction of 70 degrees, flexion of 80 degrees and external and internal rotation of 40 degrees. There was swelling of the right shoulder with atrophy of the right deltoid musculature. Cervical spine was tender with range of motion limited due to pain. Treatment plan included extracorporeal shock wave therapy, psychological consultation, topical non-steroidal anti-inflammatory medication, oral pain medication and urine toxicology screen. The treatment request is for topical NSAID (non-steroidal anti-inflammatory medication) 300 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical NSAID 300gm: 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 Topical Analgesic Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic are effective for the treatment of chronic pain. Gabapentin topical, one of the component of the proposed treatment is not recommended by MTUS guidelines for pain management. Therefore, Topical NSAID 300gm is not medically necessary.