

Case Number:	CM15-0181212		
Date Assigned:	10/13/2015	Date of Injury:	05/07/2011
Decision Date:	11/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 05-07-2011. She has reported injury to the neck and left shoulder. The diagnoses have included cervical spine strain; cervical disc displacement without myelopathy; thoracic sprain and strain; shoulder sprain-strain; and internal derangement shoulder region. Treatments have included medications, diagnostics, physical therapy, and home exercise program. Medications have included Norco, Motrin, Soma, Xanax, Cyclobenzaprine, and Omeprazole. A progress note from the treating physician, dated 02-20-2015, documented an evaluation with the injured worker. The injured worker reported constant pain in her neck; the pain is rated at 7 out of 10 in intensity; the pain increases with any kind of flexion, extension, or forward reaching; constant pain in her left shoulder; and the pain increases with reaching at or above the shoulder level, pushing, pulling, or lifting. Objective findings included she is in moderate distress; cervical spine ranges of motion are decreased; palpation reveals tightness, spasm, muscle guarding; positive Spurling's test bilaterally; positive foramina compression test; left shoulder ranges of motion are decreased; tenderness of the greater tuberosities, bilaterally; there is subacromial grinding and clicking on the left; tenderness of the rotator cuff muscle bilaterally; tenderness to the supraspinatus and infraspinatus bilaterally; and positive impingement test on the left. The treatment plan has included the request for Hydrocortisone 2.5% cream #30. The original utilization review, dated 08-13-2015, non-certified the request for Hydrocortisone 2.5% cream #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocortisone 2.5% cream #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.rxlist.com/hydrocortisone-drug/patient-images-side-effects.htm>.

Decision rationale: MTUS Guidelines are very specific in recommending that only FDA/ Guideline approved topical agents be utilized. The Guidelines provide no support for the use of topical steroids for chronic musculoskeletal conditions. The FDA approval of the topical Hydrocortisone is for skin conditions only. There are no unusual circumstances to justify an exception to Guidelines. The Hydrocortisone 2.5% cream #30 is not supported by Guidelines and is not medically necessary.