

Case Number:	CM15-0184092		
Date Assigned:	09/24/2015	Date of Injury:	09/26/2014
Decision Date:	11/12/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Pennsylvania, Ohio, 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 58 year old female with an industrial injury dated 09-26-2014 (cumulative trauma). Review of medical records indicates she is being treated for status post carpal tunnel release 04-14-2015 and tendinopathy-calcific tendinitis right shoulder. Subjective complaints (08-13-2015) included right shoulder pain with a decline in range of motion. The pain rating is documented as 8 out of 10. Other complaints included right wrist-hand pain rated as 5 out of 10. The treating physician documented medications at current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming and cooking. "Recalls frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medication." "Non-steroidal anti-inflammatory does facilitate improved range of motion and additional 3-4 point average on scale of 10 diminution of pain." The provider documented the injured worker recalled history of gastrointestinal upset with non-steroidal anti-inflammatory drugs without a stomach protectant medication. Work status is documented as "temporarily totally disabled." Objective findings (08-13-2015) revealed tenderness and swelling in right shoulder. Medications included Naproxen, Pantoprazole, Flexeril and topical compound (first requested 07-16-2015). Prior treatments included physical therapy, injection, home exercise and activity modification. The treating physician recommended physical therapy to right shoulder and right wrist and hand, Naproxen and Pantoprazole. The provider documents: "Recall patient is an excellent candidate for topical compound." "Continue with request for topical compound 300 g." "Patient with occasional gastrointestinal upset and nausea times 2 months with recent

medication." "Patient is at intermediate risk for development of adverse gastrointestinal events. Urine drug screen was done on 03-25-2015 and was requested at the 08-13-2015 visit. The treatment request is for topical compound 300 g. On 09-08-2015 the request for topical compound 300 g was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound 300 g: 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 rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.