

<b>Case Number:</b>	CM15-0186170		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 52-year-old male, who sustained an industrial injury on 6-5-08. The documentation on 7-28-15 noted that the injured worker has complaints of constant 7 out of 10 neck pain radiating to the right upper extremity with numbness and tingling; constant 7 out of 10 mid back pain; 7 out of 10 right shoulder pain and constant right elbow pain. cervical range of motion for flexion is 35 degrees; extension 40 degrees; right rotation 60 degrees; left rotation 60 degrees; right lateral flexion 20 degrees and left lateral flexion 25 degrees. Right shoulder range of motion flexion 140 degrees; extension 25 degrees; abduction 140 degrees; adduction 40 degrees; internal rotation 60 degrees and external rotation 60 degrees. There is tenderness and spasms noted over the trapezius muscle. The diagnoses have included brachial neuritis or radiculitis not otherwise specified; sprain of thoracic; superior glenoid labrum lesion; status post-surgery, right shoulder and right elbow pain. Treatment to date has included right shoulder surgery on 6-6-11; cervical epidural steroid injection at C5-C6 levels; Norco for moderate to severe pain; naproxen sodium for mild to moderate pain calypso topical analgesic cream and omeprazole as needed for gastrointestinal prophylaxis. The request for calypso 2% cream was not medically necessary on the original utilization review (9-1-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Calypso 2% cream:** 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant was provided oral analgesics along with topical Calypso which contains Menthol. There was no mention of reduction of oral pain medication. There is insufficient evidence to support the use of topical Menthol for chronic pain. The request for topical Menthol is not medically necessary.