

Case Number:	CM15-0201911		
Date Assigned:	10/16/2015	Date of Injury:	01/13/2014
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 60 year old female who sustained an industrial injury on January 13, 2014. The worker is being treated for right upper extremity injury and associated neck, right shoulder, wrist and hand pain. Cervical spine disc protrusion, degeneration, stenosis; right shoulder tendinitis, full rotator cuff tear; right elbow strain and sprain, and wrist. Subjective: May 18, 2015 neck and right upper extremity pain. June 11, 2015 constant neck pain radiating to bilateral upper extremities with numbness and tingling, constant right shoulder pain, constant right elbow pain, and constant right wrist pain. Objective: May 18, 2015 there is tenderness and spasms upon palpation of the cervical paravertebral muscles and upper trapezius musculature. There is positive tenderness upon palpation of lateral epicondyle. Medications: December 19, 2014: Bupropion and Trazadone. May 18, 2015: Ibuprofen and Naproxen. June 11, 2015 dispensed Calypso 2 %. Diagnostics: December 19, 2014 underwent electrodiagnostic consultation and testing with normal results. In November 12, 2014 underwent MRI of right shoulder showed full thickness tear of the supraspinatus with severe atrophy, mild tendinosis, tendinopathy of infraspinatus tendon and subscapularis tendon, moderate narrowing of subacromial space, small effusions within subacromial, subdeltoid bursa, glenohumeral joint and acromioclavicular joint; suspicion for tenosynovitis of biceps tendon. November 12, 2014 also cervical spine MRI that showed posterior disc end plate osteophyte complexes with varying degrees of canal and foraminal stenosis and mild reversal of cervical lordosis. Treatment: activity modification, medication. On September 09, 2015 a retrospective request was made for Calypso 2% cream that was noncertified by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.11.15 Calypso 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Review indicates Calypso 2% cream contains Salicylate and Menthol and provider noted prescription for relief of pain, itching and minor skin irritation from cuts, scrapes, and sunburn. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. There is little to no research to support the use of many of these topical agents. The Retro DOS: 6.11.15 Calypso 2% cream is not medically necessary and appropriate.