

Case Number:	CM15-0038927		
Date Assigned:	03/09/2015	Date of Injury:	05/13/2013
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55-year-old female injured worker suffered an industrial injury on 5/13/2013. The diagnoses were right shoulder tear of the glenoid superior labrum with extensive changes of tendonitis of the rotator cuff, right ulnar neuropathy and right carpal tunnel syndrome. The diagnostic study was right shoulder magnetic resonance imaging. The treatments were rotator cuff repair and physical therapy. The treating provider reported neck pain becoming sharp and stabbing, burning that radiated to the right upper extremity to the right hand. There was numbness in the right hand digits. The right shoulder pain became severe during physical therapy. There was weakness with numbness into the fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Cyclobenzaprine/Alba-Derm cream #180 with a dos of 1/6/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 55-year-old female with an injury on 05/13/2013. She had a right rotator cuff repair and physical therapy. She had neck pain radiating to her right upper extremity. MTUS guidelines note that for topical compound analgesics, if one component is not recommended than the compound is not recommended. In the requested compound cream Cyclobenzaprine is not recommended. Thus the requested compound is not recommended; it is not medically necessary for this patient.

Retrospective Tramadol/Gabapentin/Menthol/Camphor/Capsaicin/Alba-Derm cream #180 with a dos of 1/6/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 55-year-old female with an injury on 05/13/2013. She had a right rotator cuff repair and physical therapy. She had neck pain radiating to her right upper extremity. MTUS guidelines note that for topical compound analgesics, if one component is not recommended than the compound is not recommended. In the requested compound cream Menthol and Gabapentin are not recommended. Thus the requested compound is not recommended; it is not medically necessary for this patient.