

Case Number:	CM15-0082561		
Date Assigned:	05/05/2015	Date of Injury:	06/14/2011
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts

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 62 year old female, who sustained an industrial injury on June 14, 2011. She reported then when she attempted to put the truck into drive, she experienced such pain in her arm she could not put the truck into drive. The injured worker was diagnosed as having right shoulder arthroscopic surgery on August 16, 2011 with residual, left shoulder rotator cuff tear status post repair on September 2, 2014, sleep disorder, and seasonal affective disorder. Treatment to date has included physical therapy, acupuncture, and medication. Currently, the injured worker complains of left shoulder pain and right shoulder pain. The Primary Treating Physician's report dated March 2, 2015, noted the injured worker reported the left shoulder pain improving, with the right shoulder pain tolerable during the day, worse at night when laying on it, with her functional status improved in mobility and strength. The injured worker's current treatments was noted to include 8/10 acupuncture treatments, and 24/30 physical therapy treatments. The treatment plan was noted to include continuation of acupuncture and start of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 01/21/15) Cyclobenzaprine/Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not medically necessary at this time.