

Case Number:	CM15-0084399		
Date Assigned:	05/06/2015	Date of Injury:	05/11/2012
Decision Date:	06/23/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 53 year old male, who sustained an industrial injury on 5/11/12. He reported a sudden tearing sensation to both shoulders. The injured worker was diagnosed as having status post right and left shoulder surgery two times each, right elbow epicondylitis and bilateral hand sprain/strain. Treatment to date has included physical therapy, left shoulder surgery, acupuncture, right shoulder surgery, pain management, oral medications and topical medications. (MRI) magnetic resonance imaging of right shoulder was performed on 11/28/12 and (MRI) magnetic resonance imaging of left shoulder was performed on 12/12/12. Currently, the injured worker complains of increased pain in right shoulder rated 7-8/10 with decreased motion. Objective findings were not documented on the progress report dated 2/5/15. A request for authorization was submitted for Naproxen and Cyclobenzaprine/Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi Caps Camp Menthol Cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 71.

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

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. Topical NSAIDs in particular are recommended only for short durations and not for a chronic injury such as this. This request is not medically necessary.

Tylenol 500mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: MTUS recommends acetaminophen as first-line treatment for chronic pain and acute exacerbations of chronic pain. An initial physician review states that there is not sufficient documentation of benefit from this medication. However, the records do note ongoing patient report of pain relief from this medication, and this medication is encouraged in MTUS as first-line treatment for a wide variety of pain syndromes and preferred over most other drug classes for chronic use. This request is medically necessary.