

<b>Case Number:</b>	CM14-0117603		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old female who reported an injury on 02/23/2001. The mechanism of injury reportedly occurred during an altercation when restraining a criminal. The injured worker had diagnoses including right shoulder impingement syndrome and neck pain. Prior treatment was not provided in the medical records. Diagnostic studies included an MRI of the cervical spine without contrast. The injured worker underwent an arthroscopic capsular release, labral debridement, and subacromial decompression with coracoacromial ligament on 11/13/2013. The injured worker complained of right shoulder pain and neck pain. A urine drug screen was performed on 05/19/2004, which was consistent with the injured worker's prescribed medication regimen. The clinical note dated 05/19/2014 noted the injured worker reported pain to the right shoulder and right side of the neck. Upon physical examination the injured worker had right paraspinous muscle tenderness in the neck. Examination of the left shoulder was within normal limits. The right shoulder demonstrated 70% active range of motion and 80% passive range of motion. Arc motion in the right shoulder was painful more so with abduction than forward flexion. Rotator cuff testing was 5/5 and supraspinatus isolation was 4+/5. The physician noted the injured worker was given a prescription for a compound pain cream to be applied to the right shoulder and right side of the neck 3-4 times per day. Medication included Anaprox and Percocet. The treatment plan included recommendations for a compound pain cream, Anaprox 550mg, Prilosec 20mg, and physical therapy. The Request for Authorization was not provided within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Pharmacy Purchase Keto/ Cyclo/ Caps Compound #120gm Date of Service (5/20/2014): 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 Analgesics Page(s): 111-113.

**Decision rationale:** The request for Retrospective Pharmacy Purchase Keto/ Cyclo/ Caps Compound #120gm Date of Service (5/20/2014) is not medically necessary. The injured worker complained of right shoulder pain and neck pain. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend the use of Capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines also note there is no evidence for use of any muscle relaxant, such as cyclobenzaprine, as a topical product. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There is lack of documentation the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The guidelines do not recommend the use of Cyclobenzaprine for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.