

Case Number:	CM14-0145054		
Date Assigned:	09/12/2014	Date of Injury:	05/04/2012
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 05/04/2012 due to an unknown mechanism. Diagnoses were left shoulder sprain, left elbow sprain, left wrist sprain, insomnia, sexual dysfunction, weight gain, anxiety/stress, status post manipulation under anesthesia, rupture of the rotator cuff, gastritis, and status post left shoulder arthroscopic surgery. Physical examination on 07/21/2014 revealed complaints of left shoulder, left wrist, and left elbow pain that was rated a 9/10. The injured worker reported he felt his pain and condition were getting worse. It was also reported that he noticed recently that the medication did not help with the pain. Examination of right shoulder revealed upon palpation over the acromioclavicular joint and greater tuberosity, there was no pain. There was no tenderness in the subacromial space of the shoulder to palpation. Neer's and Hawkins test were negative. Examination of the left shoulder revealed restricted range of motion. Neer's and Hawkins were positive on the left side. Tenderness was noted at the left lateral epicondyle. Treatment plan was to add tramadol on for the severe pain. Also to use K Rub II Cream for local application. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

K-Rub-II Cream #60 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-113,105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, , Ketoprofen, , Cyclobenzaprine, Page(s): 111,112,41.

Decision rationale: The decision for K-Rub-II Cream #60 GM is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. The compound also included topical cyclobenzaprine, which is a muscle relaxant. There is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The medical guidelines do not support the use of compounded topical analgesics. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.