

<b>Case Number:</b>	CM14-0089680		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 43-year-old female who reported an injury on 12/11/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of frozen shoulder/adhesive capsulitis and medial meniscus tear. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medication consisted of ibuprofen, Prilosec, Flexeril, and topical medications. In 2012, the injured worker underwent right knee surgery. On 01/07/2013, the injured worker complained of left shoulder pain. The physical examination had it noted that he rated at a 4/10. Examination revealed that the injured worker's shoulder had positive impingement test, Neer's test, Hawkins test, and empty can supraspinatus test. Range of motion revealed a flexion of 160 degrees, extension of 45 degrees, abduction of 160 degrees, adduction of 45 degrees, internal rotation to 70 degrees, and external rotation of 70 degrees. It was noted that the injured worker's right shoulder demonstrated limited range of motion. Motor strength was 5/5 bilaterally on shoulder abduction, shoulder flexion, shoulder external rotation, and shoulder internal rotation. The medical treatment plan was for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril - Unspecified quantity and dosage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FLEXERIL Page(s): 41-42.

**Decision rationale:** The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter course may be better. The treatment should be brief. The request for Flexeril did not indicate dosage, frequency, or duration of the medication. It was noted that the injured worker had been on Flexeril since at least 01/2013, exceeding the recommended guidelines for short course of therapy. Additionally, the provider did not submit a rationale as to why he feels the continuation of medication is helping with any functional deficits the injured worker might have had. The efficacy of the medication was also not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Topical cream - Unspecified dosage and quantity:** 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.

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The submitted documentation did not indicate that the injured worker had a diagnosis that would be congruent with guideline recommendations for topical analgesia. Additionally, the request as submitted did not indicate or specify the type of topical cream the provider was requesting. The request as submitted also did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.