

Case Number:	CM14-0216919		
Date Assigned:	01/06/2015	Date of Injury:	09/30/2013
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient is a 57 year old male who sustained a twisting work related injury to his neck, lower back and bilateral shoulders while employed as a nurse when he was assaulted on July 30, 2013. The injured worker was treated with medication, therapy and conservative treatment. On February 3, 2014 a magnetic resonance imaging (MRI) of the right shoulder documented a diffuse supraspinatus tendinosis with bursal surface tear, high grade with subjacent cyst formation and infraspinatus tendinosis and moderate grade partial thickness tear anteriorly. The injured worker underwent right shoulder arthroscopy with rotator cuff debridement, subacromial decompression, and distal clavicle resection on May 8, 2014. According to the physician's report on September 18, 2014 the injured worker continues to experience bilateral shoulder pain. Examination on this date noted the right shoulder at 0-130 degrees passive forward flexion, 0-100 degrees of passive abduction, 90 degrees passive external rotation and 50 degrees passive internal rotation. He had positive Neer and Hawkins impingement signs, negative O'Brien's test, positive Speed's and Yergason's tests and negative body adduction test. The left shoulder examination noted 0-170 degree forward flexion, 0-120 degrees of abduction, 90 degrees external rotation and 60 degrees internal rotation. He had positive Neer and Hawkins impingement signs, negative O'Brien's test, Speed's and Yergason's tests and negative body adduction test. An orthopaedic evaluation on October 27, 2014 noted cervical tenderness with mild spasm and decreased range of motion of the cervical spine. Neurogenic compression tests were positive on the right. A left shoulder magnetic resonance imaging (MRI) on November 13, 2014 noted diffuse supraspinatus tendinosis with moderate bursal surface partial tear focally with

adjacent tendinosis, Biceps with tenosynovitis, and mild joint degenerative changes. The injured worker had physical therapy, cortisone injections and is currently on Robaxin, Tylenol, Norco and home exercise program. The injured worker is on temporary total disability (TTD) with modified duties. The physician requested authorization for Kera Tek Gel - Flurb/cyclo/menth cream 20%. On December 17, 2014 the Utilization Review denied certification for Kera Tek Gel - Flurb/cyclo/menth cream 20% utilizing the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Topical Analgesics and Compound Medication in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel - Flurb/cyclo/menth cream 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Given these guidelines, this request is not medically necessary.