

<b>Case Number:</b>	CM15-0179522		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old male with a date of injury of April 30, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for history of a right rotator cuff tear, right shoulder impingement syndrome, history of a partial or complete right biceps tear, and right moderate acromioclavicular joint arthritis. Medical records dated May 20, 2015 indicate that the injured worker complains of right shoulder pain rated at a level of 6 to 7 out of 10 that decreases to 2 out of 10 with medications. Records also indicate that the right shoulder is better with surgery. A progress note dated July 15, 2015 notes subjective complaints of clicking of the right shoulder, and right shoulder pain rated at a level of 6 to 7 out of 10 that decreases to 2 out of 10 with medications. Per the treating physician (July 15, 2015), the employee was on modified duty with no pushing, pulling, of lifting more than ten pounds, and no overhead work. The physical exam dated May 20, 2015 reveals painful range of motion of the right shoulder, decreased range of motion of the right shoulder (forward flexion of 90 degrees, abduction of 70 degrees), motor weakness on the right, and tenderness to palpation over the acromioclavicular joint. The progress note dated July 15, 2015 documented a physical examination that showed right shoulder forward flexion of 110 degrees, abduction of 70 degrees, and 4 out of 5 motor weakness on the right. Treatment has included shoulder surgery (December of 2012), transcutaneous electrical nerve stimulator unit, and medications (Celebrex and Omeprazole since at least March of 2015; Norco, Naproxen noted on July 15, 2015; Anaprox, Terocin lotion and Genocin noted as of May of 2015). The original utilization review (September 8, 2015) non-certified a request for Ultracin #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds like the one requested coupled with the chronicity of symptoms even in light of more highly evidence-based modalities makes the requested treatment unlikely to provide substantial clinical relief and therefore the request is not considered medically necessary.