

Case Number:	CM15-0037753		
Date Assigned:	03/06/2015	Date of Injury:	02/22/2013
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female, who sustained an industrial injury on 2/22/13. She has reported right shoulder injury after lifting something and hearing a pop in the right shoulder. The diagnoses have included right shoulder rotator cuff tear, impingement syndrome, adhesive capsulitis right shoulder and internal derangement right shoulder status post previous surgery to that shoulder. Treatment to date has included medications, physical therapy, and Home Exercise Program (HEP). Surgery included right shoulder arthroscopy on 6/11/14. Currently, as per physician progress note dated 12/29/14, the injured worker complains of pain and weakness right shoulder but doing better as she continues with Home Exercise Program (HEP). The current medications included Norco, Lisinopril, Metformin, Calcium, Lantus insulin, Glimepiride, and Hydrochlorothiazide. Physical exam of the right shoulder revealed full passive range of motion, intact rotator cuff power and minimal tenderness over the anterior aspect of the shoulder. As cited in the utilization review progress note dated 1/8/15, which was not included for review, the injured worker thought that topical medication would add relief of pain. On 1/29/15 Utilization Review non-certified a request for KLIC-P cream, Ketoprofen 10%, Cyclobenzapine 2%, Ibuprofen 10%, and Piroximan 2% #120 grams with 3 refills as prescribed on 1/8/15, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Topical analgesics, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLIC-P cream, Ketoprofen 10%, Cyclobenzapine 2%, Ibuprofen 10%, and Piroximan 2% #120 grams with 3 refills as prescribed on 1/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs.

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

Decision rationale: According to the 01/08/2015 progress report, this patient presents with right shoulder pain. The current request is for KLIC-P cream, Ketoprofen 10%, Cyclobenzapine 2%, Ibuprofen 10%, and Piroximan 2% #120 grams with 3 refills as prescribed on 1/8/15. The request for authorization is not included in the file for review and the patient's work status was not mentioned. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request IS NOT medically necessary.