

Case Number:	CM15-0099332		
Date Assigned:	06/01/2015	Date of Injury:	12/22/2009
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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 60-year-old female injured worker suffered an industrial injury on 12/22/2009. The diagnoses included left and right shoulder rotator cuff syndrome, cervical and lumbar discopathy. The injured worker had been treated with surgery and medications. On 4/21/2015, the treating provider reported it was 2 weeks post-operative of left shoulder arthroscopy. She was beginning to get a bit of sensation of numbness and tingling from holding arm in a single position. The treatment plan included Fluticasone/ Levocetirizine/ Pentoxifyline/ Prilocaine/ Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flutisacone/ Levocetirizine/ Pentoxifyline/ Prilocaine/ Gabapentin 1/2/0. 5/3/15% cream 210 g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the left shoulder. The request is for FLUTICASONE/LEVOCETRIZINE/PENTOXIFYLINE/PRILOCAINE/GABAPENTIN 1/2/0. 5/3/15% CREAM 210 G. Patient is status post right shoulder rotator cuff repair surgery 08/16/14, and left shoulder arthroscopic subacromial decompression surgery, 03/30/15. Physical examination to the left shoulder on 04/21/15 revealed that the patient was beginning to get a very early keloid scar on the incision. There was no sign of infection. Per 04/21/15 progress report, patient's diagnosis include cervical discopathy, C5-6 disc herniation, lumbar discopathy, left shoulder rotator cuff syndrome and impingement, right shoulder rotator cuff tear, status post gastric bypass surgery, anxiety and depression, sleep disturbance, left hand/wrist pain, right carpal tunnel syndrome, left ankle recent pain, status post right shoulder open rotator cuff repair and subacromial decompression 08/16/14, left shoulder rotator cuff tear and acromioclavicular joint hypertrophy, and status post left shoulder video arthroscopic subacromial decompression 03/30/15. Patient's medications, per 04/14/15 progress report include Colace, Cyclobenzaprine, Norco, Omeprazole, Albuterol Sulfate, Ambien, Beta Carotene, Famotidine, Lorazepam, Naprosyn, Promolaxin, Proac, and Terbinaline. Patient's is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. " Patient is status post left shoulder arthroscopic subacromial decompression surgery. Physical examination to the left shoulder on 04/21/15 revealed that the patient was beginning to get a very early keloid scar on the incision. In the same report, treater is prescribing this scar cream for patient's keloid scar. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request IS NOT medically necessary.