

Case Number:	CM14-0108085		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2011
Decision Date:	11/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work related injury on March 20, 2011. Subsequently, he developed chronic shoulder pain. Prior treatment has included nonsteroidal anti-inflammatory drugs, opioid analgesics, physical therapy, corticosteroid injection, and rotator cuff repair. According to a report dated June 19, 2014, the patient was being seen for a routine clinic follow-up of shoulder tendinitis. It has been reported that the patient was able to work without limitations. On examination, the patient had normal gait. The cervical spine demonstrated normal alignment, full range of motion, and was non-tender to palpation. Palpation of the left shoulder revealed AC joint tenderness and subacromial bursa tenderness. Range of motion was 90% normal in all planes. Motor exam showed 4+/5 weakness in forward flexion. Special tests showed equivocal Neer test, equivocal AC provocation and equivocal Yergason's test, but negative Hawkins test, negative Crank test, negative Anterior-Posterior slide, negative Sulcus sign, negative Apprehension test, and negative Scraf test. The patient was diagnosed with rotator cuff syndrome and status post left shoulder rotator cuff surgery. The provider requested authorization for pain gel roll on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain gel roll on: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of first line oral medication for the treatment of pain. Therefore, topical analgesic pain gels roll on is not medically necessary.