

Case Number:	CM13-0009623		
Date Assigned:	11/06/2013	Date of Injury:	03/16/2012
Decision Date:	01/17/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of March 16, 2012. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; topical compounds; prior right shoulder arthroscopy; 24 sessions of postoperative physical therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 10, 2013, the claims administrator denied the request for several topical compounds and also denied an orthopedic shoulder surgery followup visit. The applicant's attorney later appealed, on August 8, 2013. An earlier progress note of April 8, 2013 is handwritten, difficult to read, not entirely legible, notable for multifocal complaints of shoulder and elbow pain. The applicant exhibits associated tenderness to touch, 4/5 strength, and limited range of motion. The applicant is asked to obtain urinalysis, continue topical compounds, and remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6%/Ketoprofen 10%/Lidocaine 5% 60 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither Neurontin nor gabapentin is recommended for topical use purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

Capsaicin 0.0375%/Menthol 10 % 60 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last line agent, to be used as an option only in those applicants who have not responded to and/or are intolerant to other treatments. In this case, however, there is no clearly stated evidence intolerance to and/or failure of first line oral pharmaceuticals so as to make a case for topical agents or topical compounds which are, as previously noted on page 111 of the MTUS guidelines "largely experimental." Therefore, the request remains non-certified, on independent medical review.

Orthopedic surgeon follow up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, an increased frequency of followup visits is indicated in those applicants who are off of work. ACOEM further endorses consultation with or, in this case, followup with a shoulder surgeon in those individuals in whom surgery is a consideration. In this case, the applicant has had prior shoulder surgery for rotator cuff tear and has failed to make any kind of postoperative progress through physical therapy and home exercises. The applicant remains off of work and is highly reliant on various medications, both oral and topical. Obtaining the added expertise of a shoulder surgeon who can determine if the applicant is a candidate for any kind of surgical intervention is indicated.