

<b>Case Number:</b>	CM13-0015975		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Neurological Surgery 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 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 injured employee is a 29-year-old man who states that he sustained a work-related injury to his left shoulder and left hand on February 19, 2012. The most recent medical record available was dated July 13, 2013, in which there were complaints of left shoulder pain with clicking/popping. There was no improvement reported with physical therapy, and medications were stated to provide good relief. The physical examination on this date noted tenderness at the anterior aspect of the left shoulder and pain with range of motion. There was a diagnosis of left shoulder subacromial bursitis, depression, and left hand pain resolved. The treatment plan included additional chiropractic care, extracorporeal shock wave therapy, acupuncture, a urine drug screen, and a compounded topical medication. A previous utilization review, dated July 24, 2013, did not medically necessitate the use. Previous requests were compounded topical medications, chiropractic manipulation, acupuncture, and the psychological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 GRAM COMPOUND (CAPSAICIN 0.025, FLURBIPROFEN 30%, METHYL SALICYLATE 4%) QTY: 3.00:** 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:** The California MTUS chronic pain medical treatment guidelines only recommend the use of topical medications including the ingredients of anti-inflammatory agents, lidocaine and Capsaicin. This request includes other ingredients such as methyl salicylate. The addition of this agent for topical use is not recommended. Without specific justification for including this agent, this request for this topical compounded medication is not medically necessary.

**240 GRAM COMPOUND ( FLURBIPROFEN 20%, TRAMADOL 20%) QTY: 3.00:**

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:** The California MTUS chronic pain medical treatment guidelines only recommend the use of topical medications including the ingredients of anti-inflammatory agents, lidocaine and Capsaicin. This request includes other ingredients such as Tramadol. The addition of this agent for topical use is not recommended. Without specific justification for including this agent, this request for this topical compounded medication is not medically necessary.

**CHIROPRACTIC MANIPULATION QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** According to the medical records provided, the injured employee has previously participated in fourteen sessions of chiropractic care. There has been no documentation that of any functional improvement from these past treatments. Without any documentation stating previous benefit from chiropractic care, it is unclear what benefit could be achieved from future care. This request for additional chiropractic care is not medically necessary.

**ACUPUNCTURE QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the medical records provided, the injured employee has previously participated in fourteen sessions of acupuncture. There has been no documentation that any functional improvement exists from these past treatments. Without any documentation stating previous benefit from acupuncture, it is unclear what benefit could be achieved from future care. This request for additional acupuncture is not medically necessary.

**PSYCHOLOGICAL CONSULTATION QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PSYCHOLOGICAL EVALUATIONS Page(s): 100.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There is no mention in the attached medical record of the specific need of the injured employee for psychological evaluation due to chronic pain issues. Without specific justification to proceed with a psychological consultation, this request is not medically necessary.