

Case Number:	CM13-0016141		
Date Assigned:	09/23/2013	Date of Injury:	09/13/1990
Decision Date:	01/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 patient is a 54-year-old male who reported injury on 09/13/1990. The mechanism of injury was not provided. The patient was noted to have a rotator cuff tendon repair, resection of the distal clavicle, and subacromial decompression in the right shoulder on 01/10/2013. The patient was noted to have pain in the right shoulder. The patient was noted to have pain to the supraspinatus and biceps testing with good strength and diffuse tenderness on palpation. The diagnoses were noted to include status post rotator cuff repair, resection distal clavicle, and subacromial decompression of the right shoulder, postoperative adhesive capsulitis and subacromial fibrosis. The request was made for 12 physical therapy sessions, 1 prescription of Fluriflex 180 mg, and 60 Medrox patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS post-operative guidelines would not apply as the duration of treatment post operatively is 6 months. California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The patient was noted to have complaints of moderate pain in the neck, mid upper back, lower back, bilateral shoulders, and bilateral elbows with improvement noted in all areas. The patient was noted to have complaints of pain in the right knee and bilateral ankles. The patient was noted to have tenderness to palpation and palpable spasm over the paraspinal muscles in the cervical spine. The patient was noted to have tenderness to palpation over the paraspinal muscles and in the thoracic spine and lumbar spine as well. The patient was noted to have tenderness to palpation and restricted range of motion of the bilateral shoulders and bilateral elbows as well as the right knee. There were noted to be no changes in the neurocirculatory examination and it was noted the patient was currently using topical medications. The treatment plan was noted to include physical therapy of the bilateral shoulders and right knee 3 times a week times 4 weeks and Fluriflex. The clinical documentation submitted for review failed to provide the number of sessions the patient has participated in and it failed to provide documentation of the functional improvement for the patient with physical therapy and the remaining functional deficits to support the necessity for further treatment. Given the above, the request for 12 physical therapy sessions is not medically necessary.

1 Prescription of Fluriflex 180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: : Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product." Clinical documentation submitted for review

failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 prescription of Fluriflex 180 mg is not medically necessary.

60 Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111,112.

Decision rationale: California MTUS does not specifically address Medrox, however, the California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.