

Case Number:	CM13-0025898		
Date Assigned:	11/20/2013	Date of Injury:	10/17/2010
Decision Date:	02/25/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in 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 50-year-old injured worker who reported an injury on 10/17/2010. The patient is diagnosed as status post left shoulder surgery and insomnia. The patient was recently seen by [REDACTED] on 07/12/2013. The patient reported mild to moderate left shoulder pain. Physical examination revealed 3+ tenderness to palpation; and a well-healed surgical scar. Treatment recommendations included continuation of home exercises and Thera-Band for strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg, quantity 90: 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 Page(s): 50.

Decision rationale: California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option, given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the clinical documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. The medical rationale for the requested medication is not

provided. The request for Condrolite 500/200/150mg, quantity 90 is not medically necessary and appropriate.

Restone 30/100mg, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Restone is a combination of melatonin and tryptophan. The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Although the patient does maintain a diagnosis of insomnia, it is unknown whether the patient had continuously utilized this medication. Documentation of a failure to respond to non-pharmacological treatment was not provided. The request for Restone 30/100mg, quantity 30, is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg, quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as second line options for short term treatment of acute exacerbations for patients with chronic pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no documentation of palpable muscle spasm, muscle tension, or spasticity upon physical examination. The request for Cyclobenzaprine 7.5mg, quantity 60, is not medically necessary and appropriate.

Cyclobenzaprine HCL 2%, Ketoprofen 15%, Flubiprofen 6% 180gm cream, quantity 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical documentation submitted, the patient is diagnosed as status post left shoulder surgery. There is no evidence upon physical examination of neuropathic pain. There is also no documentation of a failure to respond to first line oral medication prior to initiation of a topical analgesic. The request for Cyclobenzaprine HCL 2%, Ketoprofen 15%, Flubiprofen 6% 180gm cream, quantity 1, is not medically necessary and appropriate.

Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Camphon 2%, Menthol 2%, 180 gm cream, quantity 1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical documentation submitted, the patient is diagnosed as status post left shoulder surgery. There is no evidence upon physical examination of neuropathic pain. There is also no documentation of a failure to respond to first line oral medication prior to initiation of a topical analgesic. The request for Capsaicin 0.0375%, Diclofenac 20%, Tramadol 10%, Camphon 2%, Menthol 2%, 180 gm cream, quantity 1, is not medically necessary and appropriate.