

Case Number:	CM13-0026704		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2012
Decision Date:	03/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation 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 64 -year-old female who reported an injury on 07/13/2012 due to a trip and fall causing injury to her right shoulder. The patient ultimately underwent right rotator cuff repair and subacromial decompression. The patient's pain was managed postoperatively with physical therapy and medications. The patient's most recent clinical examination findings included restricted range of motion in forward flexion of 130 degrees and external rotation is to 50 degrees and internal rotation of 40 degrees. It was noted that the patient developed adhesive capsulitis and underwent manipulation under anesthesia with little improvement. The patient's diagnoses included right shoulder status post surgery. The patient's treatment plan included topical analgesics and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder rehab kit for home exercise: 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 Exercise Page(s): 46.

Decision rationale: The requested shoulder rehab kit for home exercise is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has participated in physical therapy. However, there is no documentation that the patient has been transitioned into a home exercise program and has failed to progress with self-directed exercises that would require the addition of home exercise equipment. As such, the requested shoulder rehab kit for home exercise is not medically necessary or appropriate.

Flurbiprofen 20% / Tramadol 20%, 240gm: 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 Topical Analgesics, Page(s): 111. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier

Decision rationale: The requested Flurbiprofen 20% and Tramadol 20% 240 gm is not medically necessary nor appropriate. California Medical Treatment and Utilization Schedule recommends the use of topical nonsteroidal anti-inflammatory drugs when the patient is intolerant of oral formulations or when oral nonsteroidal anti-inflammatory drugs are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to oral formulations of nonsteroidal anti-inflammatory drugs for pain relief. Additionally, peer reviewed literature does not support the use of opioids as topical analgesics as there is very little scientific evidence to support the efficacy of these medications as topical analgesics. As such, the requested Flurbiprofen 20%/Tramadol 20% 240 gm is not medically necessary or appropriate.

Capsaicin 0.25% / Flurbiprofen 20% / Menthol 2% / Camphor 2%, 240gm: 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested Capsaicin 0.25%/Flurbiprofen 20%/Menthol 2%/Camphor 2% 240 gm is not medically necessary or appropriate. California Medical Treatment and Utilization Schedule does not recommend the use of capsaicin as a topical agent unless the patient has failed to respond to other first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to oral medications post surgically. California Medical Treatment and Utilization Schedule also does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless there is documentation that the patient is intolerant of oral formulations or oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated by the patient. The clinical documentation submitted for review does not provide any evidence that the patient has failed to

respond to oral medications. As such, the requested Capsaicin 0.25%/Flurbiprofen 20%/Menthol 2%/Camphor 2% 240 gm is not medically necessary or appropriate.