

Case Number:	CM13-0043622		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	04/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old female with a 6/4/13 date of injury. At the time (10/17/13) of the Decision for authorization for one (1) Flubiprofen/Lidoderm 120ml tube and one (1) injection of Kenalog and Xylocaine into the left shoulder, there is documentation of subjective (left shoulder and cervical spine pain as well as radicular pain in the left arm) and objective (tenderness to palpation over the spinous process and the occiput on the left, tenderness to palpation over the anterior rotator cuff, and compression of the humeral head into the sub-acromial area that is uncomfortable) findings, current diagnoses (degenerative joint disease C5-6 with narrowing of the neural foramina and tenopathy involving the supraspinatus portion of the left rotator cuff), and treatment to date (physical therapy, chiropractic treatments, SI joint injections, and medications (including amitriptyline, Maxalt, Midrin, Nexium, and Prozac)). Regarding one (1) Flubiprofen/Lidoderm 120ml tube, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding one (1) injection of Kenalog and Xylocaine into the left shoulder, there is no documentation of pain with elevation that significantly limits activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FLUBIPROFEN/LIDODERM 120ML TUBE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease C5-6 with narrowing of the neural foramina and tenopathy involving the supraspinatus portion of the left rotator cuff. In addition, given documentation of subjective findings (radicular pain in the left arm), there is documentation of neuropathic pain. However, given documentation of ongoing conservative treatment (including amitriptyline, Maxalt, and Prozac), there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for one (1) Flubiprofen/Lidoderm 120ml tube is not medically necessary.

ONE (1) INJECTION OF KENALOG AND XYLOCAINE INTO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of pain with elevation that significantly limits activities and failure of conservative therapy (i.e. strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial injection of local anesthetic and a corticosteroid preparation. Within the medical information available for review, there is documentation of a diagnosis of tenopathy involving the supraspinatus portion of the left rotator cuff. In addition, there is documentation of conservative treatment (including physical therapy, chiropractic treatments, and medications). However, despite documentation of subjective findings (left shoulder pain) and objective findings (tenderness to palpation over the anterior rotator cuff and compression of the humeral head into the sub-acromial area that is uncomfortable), there is no documentation of pain with elevation that significantly limits activities. Therefore, based on guidelines and a review of the evidence, the request for one (1) injection of Kenalog and Xylocaine into the left shoulder is not medically necessary.