

<b>Case Number:</b>	CM13-0044096		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 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 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 female who reported an injury on 2/25/13. The patient is diagnosed with chronic cervical spine sprain, chronic bilateral shoulder strain, right greater than left carpal tunnel syndrome, right foot plantar fasciitis, severe depression and anxiety, and sleep difficulty. The patient was seen by [REDACTED] on 10/4/13. The patient reported ongoing pain in the bilateral shoulders, wrists, and hands. Physical examination revealed limited cervical range of motion, tenderness to palpation, hypertonicity over the trapezius muscles bilaterally, positive shoulder depression test, limited shoulder range of motion, and intact sensation. Treatment recommendations included physical therapy for bilateral shoulders twice per week for four weeks, and continuation of current medication including ibuprofen, Tramadol, and BioTherm topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy twice a week for four weeks for the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS Guidelines state that 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. Guidelines allow for a fading of treatment frequency and the addition of active self-directed home physical medicine. As per the documentation submitted, the patient's physical examination of the bilateral shoulders only revealed limited range of motion. There was no documentation of a significant musculoskeletal or neurological deficit. Additionally, it is noted on 11/8/13 that the patient started physical therapy for the bilateral shoulders, after receiving authorization for four sessions. There was no change in the patient's physical examination despite ongoing treatment. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

**90 Ultram 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. As satisfactory response to treatment has not been indicated, continuation of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

**40 ounces of BioTherm cream (Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%):** 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 that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is indicated for patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no

evidence of a significant change in the patient's physical examination that would indicate functional improvement. Additionally, there was no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.