

Case Number:	CM13-0048876		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2007
Decision Date:	03/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery, 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:

This 60-year-old male is a courier who sustained an injury while lifting at work on 06/26/07. He has had a right rotator cuff repair in 2008 and complaints within the records of both the cervical spine and right shoulder. Records reflected that treatment has been inclusive of cervical facet injections/blocks as well as medications. Examination findings as documented in 2013 were of cervical flexion 50 degrees and extension and lateral tilt 30 degrees; shoulder abduction 70 on the right and 80 on the left, flexion shoulder 80 on right and 110 on left, external rotation of left shoulder 60 and right shoulder 50, extension bilateral shoulders 20, elbows with 180 of extension and flexion to 145 degrees bilaterally, supination 40 degrees and pronation 75 degrees, wrist extension 60 and flexion 70 degrees bilaterally, deep tendon reflexes were intact, there was decreased sensation along C6-7 and C5-6 dermatomes on the right, strength graded at 4+ to 5/5 in the upper extremities, positive impingement on the right shoulder and negative on the left, positive O'Brien's test bilaterally, positive Hawkins test bilaterally, and negative Speed test bilaterally. There was cervical spine imaging from June of 2012, as well as electrodiagnostic studies of the right upper extremity; there was no evidence of a neural compressive lesion and or radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids: Tramadol Page(s): 84.

Decision rationale: Guidelines do not support the use of Tramadol beyond a three month time frame as there is a lack of long-term studies to support its use beyond that. Therefore Tramadol ER would not be indicated within the review of the medical records based on chronicity and the nature of this medicine being a narcotic taken for only acute flares. Given its chronicity it cannot be supported further.

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

Decision rationale: Flexeril is a skeletal muscle relaxant. Guidelines do not support the use of muscle relaxants on a chronic basis; rather they are recommended for short-term use in cases of acute exacerbations. In light of the apparent chronicity of this individual's condition and lacking any evidence of an acute exacerbation, this medication would not be recommended as medically necessary.

Physical Therapy right shoulder #12: Upheld

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

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

Decision rationale: Physical therapy of the right shoulder cannot be supported. In this case there is not any apparent change in this employee's clinical presentation and or evidence of an acute exacerbation or flare. There is therefore not a clear medical necessity for formal physical therapy sessions over continuation of a home exercise program at this juncture post injury. The physical therapy is thus not considered as medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section TENS, Chronic Pain (transcutaneous electrical nerve stimulation). .

Decision rationale: A TENS unit cannot be supported as medically necessary. There is a lack of support within the literature of its application with studies somewhat inconclusive and additionally TENS is recommended for diagnoses of neuropathic pain and it is recommended in conjunction with a functional restoration program and not as a singular modality. The guideline criteria for use of the TENS unit are not satisfied within the clinical record and as such it is not recommended as medically necessary

Hot and cold wrap: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines indicate that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. This employee is not in the early phases of pain treatment and as stated previously there is no apparent evidence of an exacerbation or flare. As such, there is not a medical necessity for the requested passive modality, hot and cold wrap.

Lidopro lotion 4 oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics.

Decision rationale: Lidopro is comprised of Capsaicin 0.0325%, Lidocaine HCL 4%, Menthol 10%, and Methyl Salicylate 27.5%. Guidelines do not allow for compounded topical agents if one or more of the medications are not allowed. In this case the Capsaicin is a formulation that is not supported by guidelines and the only form of topical lidocaine that is supported is Lidoderm patch; as these medications are not supported, the compounded topical as a whole is not medically necessary.