

<b>Case Number:</b>	CM14-0102711		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 53-year-old male who reported an injury on 11/10/2008; the mechanism of injury was not provided. On 07/01/2014, the injured worker presented with complaints of cervical spine, lumbar spine, right shoulder, right knee, and right lower extremity pain. Examination of the right shoulder revealed forward flexion and abduction at 90 degrees and internal and external rotation at 50 degrees. There was a positive Hawkins and Neer's sign. Strength was 4-/5 to flexion, abduction, and external rotation. There was tenderness in the biceps with a positive Yergason's and Speed's tests. Examination of the right knee revealed crepitus and medial joint line tenderness. There was a positive McMurray's and range of motion was 0 degrees to 130 degrees. The bilateral lower extremities were neurologically intact. Diagnostic studies included an MRI of the right shoulder performed on 06/11/2014 which revealed full-thickness tears of the supraspinatus and infraspinatus tendons with atrophic changes of the muscle, upper acromioplasty, and short segment longitudinal tear of the tendon for long head biceps proximally. There was also an MRI of the right knee that was performed on 06/11/2014 which revealed a partial medial meniscectomy with no evidence of recurrent medial meniscus tear, focal area of moderate trabecular bone edema along with delamination of the overlying cartilage consistent with osteochondral injury, and severe thinning of the patellar articular cartilage. The diagnoses were right knee posttraumatic osteoarthritis and right shoulder full-thickness supraspinatus and infraspinatus rotator cuff tear. Prior therapy included medications, physical therapy, and injections. The provider recommended an MRA of the right knee, MRA of the right shoulder, and a compounded cream of Flurbiprofen, Cyclobenzaprine, and Menthol. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRA (Arthrogram) of Right Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 341-343.

**Decision rationale:** The request for an MRA of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The criteria for ordering knee radiographs following trauma include joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately or within a week of trauma, or the inability to flex the knee to 90 degrees. The included medical documentation noted medial joint line tenderness, a positive McMurray's, and range of motion 0 degrees to 130 degrees. An MRI of the right knee revealed partial medial meniscectomy with no evidence of recurrent medial meniscal tear and focal area of moderate trabecular bone edema along with delamination of the underlying cartilage consistent with osteochondral injury. There was also severe thinning of the patellar articular cartilage. The provider's rationale for recommending additional diagnostic studies without a change in condition was not provided. As such, the request is not medically necessary.

### **MRA (Arthrogram) of Right Shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an MRA of the right shoulder is not medically necessary. California MTUS/ACOEM Guidelines state for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 weeks' period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The included medical documentation states the injured worker had a positive Neer's impingement and Hawkins and 4-/5 strength in flexion, abduction, and external rotation. There was tenderness over the biceps along with a positive Speed's and Yergason's. The injured worker had a previous MRI of the right shoulder which revealed full-thickness tears of the supraspinatus and infraspinatus tendons with atrophic changes of the muscle, a prior acromioplasty, and short segment longitudinal tear of the tendon

for long head of the biceps proximally. The provider's rationale for requesting another diagnostic study without changes in condition was not provided. As such, the request is not medically necessary.

**Compound Cream (Flubiprofen/Cyclobenzaprine/Menthol):** 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 request for compounded cream Flurbiprofen/Cyclobenzaprine/Menthol is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that amenable to topical treatment. It is recommended for short-term use (4 to 12 weeks). There is little evidence to utilize NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor agonists, or adenosine. There is little to no research to support the use of many of these agents. Additionally, the injured worker's diagnosis was not congruent with the guideline recommendation for topical NSAIDs. There is a lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. The provider's request does not indicate the frequency, dose, or quantity or the site that the cream is indicated in the request as submitted. As such, the request is not medically necessary.