

Case Number:	CM14-0012519		
Date Assigned:	02/21/2014	Date of Injury:	06/14/2011
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

The patient is a 51 year old female who was injured on 06/14/2011. She reports chronic low back pain on the right secondary to falling. She fell onto her right back and also struck her right shoulder. Prior treatment history has included Tramadol, Noboxon, Naproxen, Omeprazole, Tizanidine, and topical Ketoprofen; physical therapy with limited benefit. PR2 dated 01/07/2014 states the patient presents with complaints of steady lumbar pain and shoulder pain. She reports she received her topical cream. On exam, there is tenderness over the right lumbar, right supraspinatus, lateral epicondylitis, and bicipital tendons. The patient is diagnosed is mechanic back pain and internal derangement right shoulder. The treatment and plan includes tramadol 50 mg, Naproxen 375 mg, Noboxin, topical cream and right shoulder MRI. Prior UR dated 01/14/2014 states the request for MRI of the right shoulder is not certified as there is no evidence to support the request; therefore necessity has not been established. Ketoprofen is not certified as compound topical analgesics are not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: CA MTUS/ACOEM states, "Primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); - Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); - Failure to progress in a strengthening program intended to avoid surgery; - Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." According to the Official Disability Guidelines the indications for Magnetic resonance imaging (MRI) of the shoulder are: - Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiograph - Subacute shoulder pain, suspect instability/labral tear - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient is treating for complaints of low back and right shoulder pain. Examination reveals tenderness in the right low back, right shoulder and right elbow regions. The medical records do not establish the criteria for MRI of the shoulder has been met. This patient was injured on 06/14/2011. There is no evidence of recent injury or trauma, and no significant change in the patient's clinical findings. In the absence of significant change in symptoms and findings suggestive of significant pathology, the medical necessity of right shoulder MRI has not been established.

TOPICAL CREAM, ONE PER MONTH X 6 REFILLS (KETOPROFEN 15%, LIDOCAINE 5%, BACLOFEN 2%, CYCLOBENZAPRINE 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics..

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Only FDA approved are recommended. Lidocaine is indicated for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). There is no evidence of neuropathic pain. Cyclobenzaprine and Baclofen are muscle relaxants which are not recommended as there is no evidence of using any muscle relaxant as a topical product. The CA MTUS states that any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established.