

Case Number:	CM14-0168344		
Date Assigned:	10/16/2014	Date of Injury:	10/01/2013
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical compounds; and anxiolytic medications. In a utilization review report dated October 2, 2014, the claims administrator denied a request for FluriFlex, conditionally denied a request for 12 sessions of physical therapy, and denied a request for a TGHOT topical compound, denied a request for Klonopin, and denied a request for 4 sessions of extracorporeal shockwave therapy for the shoulder. The applicant's attorney subsequently appealed. In an August 29, 2014, progress note, the applicant reported multifocal neck, bilateral shoulder, and bilateral arm pain, ranging from 7/10 to 10/10. The applicant was asked to continue 12 sessions of physical therapy while employing topical FluriFlex and topical TGHOT for pain relief. Klonopin is apparently being employed at nighttime for sleep disturbance secondary to pain. Extracorporeal shockwave therapy was endorsed. The applicant was kept off of work, on total temporary disability. The applicant's stated diagnosis involving the shoulder was "bilateral shoulder strain/sprain." In a July 16, 2014, progress note, the applicant was placed off of work, on total temporary disability. It was noted that the applicant had completed 17 sessions of physical therapy through this point in time. The applicant was given tramadol for pain relief, along with unspecified topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: Upheld

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

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

Decision rationale: One of the ingredients in the compound is Flexeril. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TGHot 180gm: 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: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including tramadol, effectively obviates the need for the TGHot topical compound at issue. Therefore, the request is not medically necessary.

Klonopin 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there is no mention of any overwhelming mental health issues which would compel provision of Klonopin. Rather, it appeared that the attending provider and/or applicant were intent on employing Klonopin for chronic, long-term, and/or nightly usage, for sedative effect. This is not an ACOEM-endorsed role for Klonopin. Therefore, the request is not medically necessary.

Extracorporeal shockwave therapy (ECSWT) - (4) of the 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, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge there is some medium-quality evidence that supports high-energy extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder, in this case, however, the attending provider stated that the applicant carried a diagnosis of "shoulder strain." There is no mention of radiographically-confirmed calcifying tendinitis of the shoulder for which extracorporeal shockwave therapy would have been indicated. Therefore, the request is not medically necessary.