MAXIMUS Federal Services

Case Number:	CM14-0021063		
Date Assigned:	05/07/2014	Date of Injury:	08/13/2012
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Interventional Spine 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 57 year-old male who was injured on 8/13/12. He has been diagnosed with disorder of shoulder, unspecified disorder of joint, shoulder region; sprain of shoulder and upper arm. According to the 12/27/13 medical report, the patient presents with right shoulder pain. He had arthroscopic SAD, AC joint resection, debridement and open biceps tenodesis on 7/8/13. On 1/23/14 UR modified a request for PT x16 to allow 4-sessions; and denied cyclobenzaprine, gabapentin topical; Flurbiprofen cream; and tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10%/GABAPENTIN 10% CREAM 30GM: 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 Medical Treatment Guidelines, Topical Analgesics, and Pages 111-113.

Decision rationale: According to the 12/27/13 medical report, the patient presents with right shoulder pain. He had arthroscopic SAD, AC joint resection, debridement and open biceps tenodesis on 7/8/13. I have been asked to review for a topical containing cyclobenzaprine and gabapentin. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states Baclofen and other muscle relaxants are not recommended as a topical product. Therefore cyclobenzaprine is not recommended as a topical. MTUS also specifically states gabapentin is not recommended for topical applications. The compounded topical with cyclobenzaprine and gabapentin is not in accordance with MTUS guidelines.

FLURBIPROFEN 20% CREAM 30GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page 111-113.

Decision rationale: According to the 12/27/13 medical report, the patient presents with right shoulder pain. He had arthroscopic SAD, AC joint resection, debridement and open biceps tenodesis on 7/8/13. I have been asked to review for the topical NSAID Flurbiprofen. MTUS states topical NSAIDs are for knees, elbows and joints amenable to topical treatment. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of the topical NSAID Flurbiprofen over the shoulder is not in accordance with MTUS guidelines.

TRAMADOL 20% CREAM 30GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page 111-113.

Decision rationale: According to the 12/27/13 medical report, the patient presents with right shoulder pain. He had arthroscopic SAD, AC joint resection, debridement and open biceps tenodesis on 7/8/13. I have been asked to review for a topical analgesic containing tramadol. MTUS states topical analgesics are:" Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient is reported to be on Lexapro and Trazodone. However, there is no mention of neuropathic pain. The use of topical analgesics without neuropathic pain is not in accordance with MTUS guidelines.

16 SESSIONS OF PHYSICAL THERAPY FOR 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 (ODG), Treatment Index, 9th Edition (Web), Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the 12/27/13 medical report, the patient presents with right shoulder pain. He had arthroscopic SAD, AC joint resection, debridement and open biceps tenodesis on 7/8/13. I have been asked to review for additional PT x16 sessions for the right shoulder. According to the MTUS postsurgical treatment guidelines, the postsurgical physical medicine treatment timeframe for impingement syndrome is 6-months. The patient's surgery was on 7/8/13 and the request for 16 sessions of PT was on 12/27/13. There were 12-days left in the postsurgical physical medicine treatment timeframe. The 12/27/13 report states the patient has 2/10 pain at the end of the day and wants to improve this with additional PT. The exam shows full strength in the shoulder but flexion to 170 and abduction to 160. On the 10/16/13 office visit, he was reported to have 170 flexion and 170 abduction. His abduction motion has decreased despite attending PT. MTUS requires discontinuing treatment in the postsurgical timeframe if no functional improvement is documented. The request for continued PT without documentation of functional improvement is not in accordance with MTUS guidelines.