

<b>Case Number:</b>	CM14-0044120		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 & 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 51-year-old with an injury date on 7/5/11. Based on the 2/12/14 progress report provided by [REDACTED] the diagnoses are: biceps tenosynovitis; supraspinatus and subscapularis tendinitis; and subscapularis tendinosis. Exam of right shoulder on 2/12/14 showed "tenderness to palpation along right scapular border. Right shoulder slightly depressed. Posture rounded. No tenderness to palpation over spine of right scapular. There is no decrease in strength, bilaterally in upper extremities. Hypersensitivity to right upper extremity. Negative Neer, bilaterally. Positive Hawkins to right. Deep tendon reflexes (DTRs) are symmetrical. Right shoulder range of motion mildly restricted, severely at flexion (75 degrees)." [REDACTED] is requesting One refill of Tramcap C, six physical therapy sessions. The utilization review determination being challenged is dated 3/4/14 and rejects physical therapy due to [REDACTED] is the requesting provider, and he provided treatment reports from 8/16/13 to 3/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Refill Of Tramcap C:** 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): 111-113.

**Decision rationale:** This patient presents with right shoulder pain and right neck pain that is throbbing, and numbness/tingling in right hand. The treater has asked One refill of Tramcap C on 2/12/14. Review of the report shows patient is taking Tramadol orally per 2/12/14 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tramadol is a second line synthetic opioid, and is often prescribed in conjunction with a topical analgesic. MTUS however does not indicate its use topically. In addition, patient is already taking Tramadol orally. As topical Tramadol is not indicated, requested Tramcap C compound cream is not indicated. Recommendation is for denial.

**Six Physical Therapy Sessions:** Upheld

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

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

**Decision rationale:** This patient presents with right shoulder pain and right neck pain that is throbbing, and numbness/tingling in right hand with no history of shoulder surgeries. The treater has asked six physical therapy sessions on 2/12/14 "for increased range of motion of right upper extremity and muscle strengthening." Patient had 12 physical therapy sessions with some benefit to range of motion per 10/14/13 report. 9/21/13 physical therapy report states that patient has transitioned to independent home exercise program, but goal of range of motion to 120 degrees to assist activities of daily living was met only 50%. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had therapy just 4 months ago and should be able to perform the necessary home exercises. There has been no new injury, no significant change in clinical presentation. Recommendation is for denial.