

Case Number:	CM14-0053071		
Date Assigned:	08/04/2014	Date of Injury:	07/16/2010
Decision Date:	10/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 32 year old male who was injured at work on 07/16/2010. The injured worker complained of pain in his right shoulder and right arm. The pain was 8/10 in severity, associated with numbness and tingling sensations. The physical examination revealed tenderness in the right Acromioclavicular joint, the biceps tendon, and trapezius; limited range of motion of the right shoulder, and slight weakness of the right shoulder. The injured worker has been diagnosed of right shoulder internal derangement, right shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. The MRI of the right shoulder dated 10/03/13 reported as mild tendinosis of supraspinatus, degenerative changes of the AC joint. Also, an undated X-ray of the right knee and shoulder was reported to be unremarkable. The treatments included physical therapy, chiropractic care, Violin, Ibuprofen, Cartvisc (Chondrotin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. At dispute are the Retrospective request for Cartvisc (DOS 03/16/2012), Retrospective request Amit/dex/tram (DOS 03/16/2012, Retrospective request for caps/ment/camp/flur (DOS 03/16/2012), Retrospective request for Gaba/keto/lido (DOD 9/14/2012), and Retrospective request for Flur/caps (DOS 06/03/2011).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cartvisc (DOS 03/16/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate Page(s): 50.

Decision rationale: The injured worker sustained a work related injury on 07/16/2010. The medical records provided indicate the diagnosis of right shoulder internal derangement, right shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. Treatments have included treatments included physical therapy, chiropractic care, Vicodin, Ibuprofen, Cartvisc (Chondroitin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. The medical records provided for review do not indicate a medical necessity for Retrospective request for Cartvisc (DOS 03/16/2012). The MTUS does not recommend Glucosamine (and Chondroitin Sulfate) for treatment of chronic pain except in cases of moderate to severe arthritis of the knee. Although the injured worker was reported to have had knee problems, the listed diagnoses are disorders of the shoulder. The requested treatment is not medically necessary.

Retrospective request Amit/dex/tram (DOS 03/16/2012): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 07/16/2010. The medical records provided indicate the diagnosis of right shoulder internal derangement, right shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. Treatments have included treatments included physical therapy, chiropractic care, Vicodin, Ibuprofen, Cartvisc (Chondroitin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. The medical records provided for review do not indicate a medical necessity for Retrospective request Amit/dex/tram (DOS 03/16/2012)). The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended a topical analgesic. The recommended agents include: Voltaren Gel 1% (diclofenac); (Lidoderm); 0.025% Capsaicin; and Ketamine. The individual substances in the requested treatment are not included in the MTUS list of recommended topical analgesics; therefore the requested treatment is not medically necessary.

Retrospective request for caps/ment/camp/flur (DOS 03/16/2012): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 07/16/2010. The medical records provided indicate the diagnosis of right shoulder internal derangement, right shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. Treatments have included treatments included physical therapy, chiropractic care, Vicodin, Ibuprofen, Cartvisc (Chondroitin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. The medical records provided for review do not indicate a medical necessity for Retrospective request for caps/ment/camp/flur (DOS 03/16/2012). The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended a topical analgesic. The recommended agents include: Voltaren Gel 1% (diclofenac); (Lidoderm); 0.025% Capsaicin; and Ketamine. The individual substances in the requested treatment are not included in the MTUS list of recommended topical analgesics; therefore the requested treatment is not medically necessary.

Retrospective request for Gaba/keto/lido (DOD 9/14/2012): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 07/16/2010. The medical records provided indicate the diagnosis of right shoulder internal derangement, right shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. Treatments have included treatments included physical therapy, chiropractic care, Vicodin, Ibuprofen, Cartvisc (Chondroitin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. The medical records provided for review do not indicate a medical necessity for Retrospective request for Gaba/keto/lido (DOD 9/14/2012). The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as topical analgesic. The recommended agents include: Voltaren Gel 1% (diclofenac); (Lidoderm); 0.025% Capsaicin; and Ketamine. Neither Gabapentin nor Ketoprofen is included in the MTUS list of recommended topical analgesics, rather, the MTUS recommend against using them as topical analgesics. Therefore the requested treatment is not medically necessary.

Retrospective request for Flur/caps (DOS 06/03/2011): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 07/16/2010. The medical records provided indicate the diagnosis of right shoulder internal derangement, right

shoulder loose body, right shoulder strain, and right shoulder adhesive capsulitis. Treatments have included treatments included physical therapy, chiropractic care, Vicodin, Ibuprofen, Cartvisc (Chondrotin/Glucosamine), Tramadol, Naproxen, Flexeril, and compound medications. The medical records provided for review do not indicate a medical necessity for for Retrospective request for Flur/caps (DOS 06/03/2011)). The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as topical analgesic. The recommended agents include: Voltaren Gel 1% (diclofenac); (Lidoderm); 0.025% Capsaicin; and Ketamine. The requested substances are not included in the MTUS list of recommended topical analgesics. Therefore the requested treatment is not medically necessary.