

Case Number:	CM14-0081171		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2008
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 47 year old female injured on 02/05/08 as a result of a trip and fall. Diagnoses include shoulder disorder and cervical spinal stenosis. Clinical note dated 06/16/14 indicates the injured worker presented complaining of left shoulder pain with motion in addition to bloating and nausea with medication use. The injured worker reported use of topical cream helped relax her shoulder. Physical examination on left upper extremity revealed tenderness at the acromioclavicular joint, subacromial space, and decreased range of motion. Examination of the cervical spine revealed decreased range of motion and crepitus with range of motion. Medications include Lactulose, Narcosoft, Norco and Prilosec. The initial request for myofascial release treatments quantity 8 and topical cream quantity 1 was initially non-certified on 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release treatments QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004)-online version, Chronic Pain, Clinical Measures, Allied Health Interventions, Myofascial Release.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine, myofascial release is not proven efficacious for the treatment of chronic low blood pressure, complex regional pain syndrome, neuropathic pain or chronic pain conditions. It is not invasive, but the treatment is passive and moderately costly. There are other active interventions shown to be efficacious. There are no quality studies evaluating myofascial release for treatment of chronic pain. As such, the request for myofascial release treatments quantity 8.00 cannot be recommended as medically necessary.

Topical cream QTY: 1.00: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The components of the cream were not provided to allow for assessment of the United States Federal Drug Administration approval status. Therefore, Topical cream quantity one, cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.