

<b>Case Number:</b>	CM14-0178028		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Rehab, 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 69-year-old male with date of injury of 07/24/2011. The listed diagnoses from 09/03/2014 are: 1. Status post left shoulder rotator cuff repair with residual pain 2. Status post PICC line with subsequent complication including right ulnar neuropathy 3. Chronic pain syndrome 4. Depression 5. Status post right ulnar nerve transposition 6. Left shoulder partial tear of the supraspinatus 7. Left shoulder infraspinatus and subscapularis tendinosis and edema 8. Severe right carpal tunnel syndrome 9. Severe right ulnar proximal neuropathy 10. History of cervical fusion at C3 to C7 11. Neuropathic pain of the bilateral upper extremities According to this report, the patient complains of continuous pain in the bilateral shoulders radiating into the elbows and hands. He reports numbness and tingling in the bilateral upper extremities. On a good day his pain level is 5/10 and on bad days 9/10. The examination shows there is a scar noted in the right ulnar area. Tinel's test is positive on the right. There is atrophy in the right hand fingers. Claw hand is noted. Sensory examination in the upper extremities is decreased in the right C7 - C8 dermatomes. Hoffman's test is positive on the left. The treater references an EMG from January 2013 that showed severe right ulnar proximal neuropathy, severe right carpal tunnel syndrome and right chronic C6 - C7 radiculopathy. The documents include a progress report from 09/03/2014. The utilization review denied the request on 10/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs; CRP, LFT, ESR and BMP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.labtestsonline.org/understanding/analytes/crp/test.html><http://www.cigna.com/healthinfo/tr6148.html><http://www.nlm.nih.gov/medlineplus/ency/article/003638.htm><http://www.labtestsonline.org/understanding/analytes/bmp/glance.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines labs monitoring Page(s): 70.

**Decision rationale:** This patient presents with bilateral shoulder, elbow, and hand pain. The provider is requesting labs: CRP, LFT, ESR, and BMP. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine CBC testing; however, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function test)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating labs after this treatment duration has not been established." The records do not show any previous lab reports. The provider notes on 09/03/2014, "I will also recommend a comprehensive metabolic panel, ESR, CRP, vitamin D and vitamin B12 levels to rule out any toxicity or deficiencies that may be contributing to the chronic pain." The patient's current list of medications includes Klonopin, Allopurinol, and Percodan. In this case, the patient is currently not on any NSAID and the request for laboratory test is not supported by the guidelines. The request is not medically necessary.

**Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5% 180gm; Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Gabapentin 10%, Cyclobenzaprine 4% 180gm apply 1-2 gm to affected area 3-4 times per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** This patient presents with bilateral shoulder, elbow, and hand pain. The provider is requesting Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5% 180gm; Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Gabapentin 10%, Cyclobenzaprine 4% 180gm apply 1-2 gm to affected area 3-4 times per day. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The records show that the patient has not used this compound cream in the past. In this case, cyclobenzaprine and gabapentin are currently

not supported in topical formulation by the MTUS Guidelines. The request is not medically necessary.