

Case Number:	CM14-0187475		
Date Assigned:	11/17/2014	Date of Injury:	08/24/2012
Decision Date:	01/06/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine, has a subspecialty in 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:

Injured worker is a female with date of injury 8/24/2012. Per primary treating physician's progress report dated 9/17/2014, the injured worker complains of increased left upper extremity and shoulder pain. Examination of the left shoulder reveals that movements are restricted with flexion limited to 110 degrees due to pain and abduction is limited to 110 degrees due to pain. Hawkins test is positive. Neer test is positive. Lift off test is positive. There is tenderness to palpation in the coracoid process and glenohumeral joint. There is trigger finger of the left ring A1 pulley with severe pain. Diagnoses include 1) traumatic arthropathy of shoulder 2) acquired trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Shoulder Exercise Kit: 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 Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise section Page(s): 46, 47.

Decision rationale: The MTUS Guidelines recommend the use of exercise. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Although home exercise is recommended, home exercises to rehabilitate shoulder injuries can usually be performed without special equipment. The medical reports do not indicate provide evidence that the injured worker needs special equipment to do home exercises. The request for Home Shoulder Exercise Kit is determined to not be medically necessary.

Cyclobenzaprine 10% and Lidocaine 2% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Muscle Relaxants Page(s): 111-112; 113.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The ingredients for this compounded topical analgesic are not recommended by the MTUS Guidelines. The request for Cyclobenzaprine 10% and Lidocaine 2% Cream is determined to not be medically necessary.