

Case Number:	CM14-0195470		
Date Assigned:	12/03/2014	Date of Injury:	02/28/2008
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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 Preventive Medicine 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 injured worker is a 50 year old male with a date of injury as 02/28/2008. The cause of injury was not included in the documentation. The current diagnoses include right shoulder rotator cuff tear, and status post left ankle Open Reduction and Internal Fixation (ORIF) and subsequent hardware removal with residual tenosynovitis. Previous treatments include topical and oral medications, and Open Reduction and Internal Fixation (ORIF) with hardware removal of the left ankle (date of surgery unknown). Documentation submitted included a primary treating physician report from 06/04/2014 and a magnetic resonance imaging (MRI) of the right shoulder performed on 10/04/2014. The report from the treating physician noted that the injured worker presented with complaints that included continued pain in his shoulders and left ankle. The injured worker stated that he has been able to do small jobs such as painting and gardening. He also stated that he has gone to [REDACTED] to see a massage therapist to help relieve his pain and that on occasion his friends give him Ibuprofen to help his pain. It was noted that the injured workers right shoulder pain was described as continuous to moderate associated with stiffness, clicking, and popping. The pain increases with lifting, pushing/pulling, flexion, abduction, overhead work, and gripping motions. The ankle pain was described as continuous to moderate that increases with walking, climbing, walking on uneven ground, squatting/kneeling, running, jumping, and lifting. Physical examination revealed right shoulder swelling, tenderness of the muscles, decreased range of motion (ROM), and positive impingement. Examination of the left ankle revealed anterior, lateral, and medial tenderness, decreased ROM, and positive talar tilt tests. Treatment consisted of a right shoulder cortisone injection. The treating physician prescribed physical therapy for the left ankle and shock wave therapy for the right shoulder, hot/cold unit, interferential (IF) unit, along with the issues in dispute. The physician stated that he prescribed the topical medications in order to minimize gastrointestinal and neurovascular complications,

and avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of NSAIDs medication. The magnetic resonance imaging (MRI) performed on 10/04/2014 showed a full thickness tear of the supraspinatus tendon, minimal subacromial subscapularis bursitis, and osteoarthropathy of the acromioclavicular joint. The injured worker is temporarily totally disabled. The utilization review performed on 10/29/2014 non-certified a prescription for TGHOT and Fluriflex based on little evidence to utilize topical NSAIDs for treatment on osteoarthritis of the hip, spine, or shoulder and Motrin based on no subjective or objective benefit from the use of this medication. The reviewer referenced the California MTUS in making these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.dir.ca.gov/dwc/IMR/IMR%20Decisions/IMR%20Decisions%2013-001000%20thru%2013-004999/IMR-13-1626.pdf>

Decision rationale: An online source identifies that FluriFlex contains Flurbiprofen(15%) and Cyclobenzaprine (10%). MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tear, and status post left ankle Open Reduction and Internal Fixation (ORIF) and subsequent hardware removal with residual tenosynovitis. However, the requested FluriFlex 180gm contains at least one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for FluriFlex 180gm is not medically necessary.

TGHOT 180gm: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.dir.ca.gov/dwc/IMR/IMR%20Decisions/IMR%20Decisions%2013-001000%20thru%2013-004999/IMR-13-1626.pdf>

Decision rationale: An online source identifies that TGHOT contains Tramadol, Gabapentin (8%), Menthol (10%), Camphor (2%), and Capsaicin (0.05%). MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tear, and status post left ankle Open Reduction and Internal Fixation (ORIF) and subsequent hardware removal with residual tenosynovitis. However, the requested TGHOT 180gm contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT 180gm is not medically necessary.

Motrin 600 mg #60: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tear, and status post left ankle Open Reduction and Internal Fixation (ORIF) and subsequent hardware removal with residual tenosynovitis. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Motrin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Motrin 600mg #60 is not medically necessary.