

Case Number:	CM14-0198960		
Date Assigned:	12/09/2014	Date of Injury:	04/28/2001
Decision Date:	02/11/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 28, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; and a shoulder injection. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve request for several topical compounded drugs, a lumbar MRI, and a shoulder injection apparently administered on September 9, 2014. The applicant's attorney subsequently appealed. In said progress note of September 9, 2014, the applicant reported multifocal complaints of bilateral hand, mid back, shoulder, and low back pain, 5-9/10. The applicant was using tramadol, omeprazole, and topical compounds. The applicant acknowledged that topical compounded creams were not helping while tramadol and Prilosec were helpful. Tenderness was noted about the acromioclavicular joint, sternoclavicular joint, and anterior capsule. 130-150 degrees of right shoulder flexion and abduction were appreciated with positive signs of internal impingement evident about the right shoulder. The applicant exhibited symmetric lower extremity reflexes and a normal lower extremity motor exam. The applicant also apparently exhibited limited range of motion and positive signs of internal impingement about the left shoulder. A well-healed surgical incision line was noted about the lumbar spine. Both left and right shoulder corticosteroid injections were performed. The applicant had a history of prior right and left shoulder surgeries for partial-thickness rotator cuff tears. The applicant had also undergone a right carpal tunnel release surgery and a left carpal tunnel release surgery. The applicant had also undergone a lumbar fusion surgery. The attending provider stated, somewhat incongruously, in one section of the note that the applicant was working. The bottom of the report, however, apprised the applicant off of work, on total temporary disability. MRI imaging

of the lumbar spine was sought while tramadol and various topical compounded medications were endorsed. It was stated that the applicant was taking tramadol six tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10 Percent Baclofen 2 Percent Cyclobenzaprine 2 Percent Diclofenac 3 Percent Cream 120 Gram Apply 1-2 Grams to Affected Area 3 to 4 Times A 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 topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including tramadol, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deemed the "largely experimental" compound at issue. Therefore, the request was not medically necessary.

Gabapentin 6 Percent Lidocaine 2 Percent Cream 120 Gram Apply 1-2 Grams to Affected Area 3 to 4 Times A 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 topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Furthermore, the applicant's ongoing usage of tramadol, a first-line oral pharmaceutical, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request was not medically necessary.

Flurbiprofen 15 Percent Cyclobenzaprine 2 Percent Baclofen 2 Percent Lidocaine 5 Percent Cream 120 Gram Apply 1-2 Grams to Affected Area 3 to 4 Times A 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 topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the secondary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line pharmaceuticals such as tramadol effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.

Retro Injection 2 CC of Celestone and 6 CC of Lidocaine into Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The applicant was described as exhibiting a significant flare in shoulder symptomatology on or around the date the injections were administered, on September 9, 2014. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, two or three subacromial injections of local anesthetic and cortisone are recommended over an extended period of time as part of a rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Here, the applicant had already exhausted various operative and non-operative treatments for his shoulder issues, including earlier shoulder surgery, physical therapy, medications, topical compounds, etc. The shoulder corticosteroid injections at issue were indicated to combat the applicant's acute flare in shoulder complaints associated with impingement syndrome. Therefore, the request was medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, while the applicant was described as exhibiting a flare in

pain on around the date of the office visit, September 9, 2014, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The attending provider did not explicitly state that the applicant was actively considering or contemplating further lumbar spine surgery. The multifocal nature of the applicant's pain complaints, which included the low back, neck, bilateral shoulders, mid back, bilateral hands, right knee, etc., furthermore, reduce the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.