

Case Number:	CM15-0104364		
Date Assigned:	06/08/2015	Date of Injury:	02/15/2013
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49 year old male, who sustained an industrial injury on 2/15/13. He reported initial complaints of left elbow pain. The injured worker was diagnosed as having arthropathy unspecified involving the shoulder region; left shoulder sprain/strain; left rotator cuff supraspinatus tendinitis, infraspinatus tendinitis; left elbow lateral epicondylitis. Treatment to date has included left shoulder injection. Diagnostics included MRI left elbow (8/16/13 and 5/9/14); MRI left shoulder forearm and wrist (3/6/14). Currently, the PR-2 notes dated 5/7/15 indicated the injured worker complains of constant left lateral elbow pain. He graded it as a 2 at its lowest and with motion it goes to a 3 or higher at times a 5 to lift a gallon of milk. He felt popping in this area. It is noted not much seems to make if feel better but does get 15 days of reduced pain with the injection. The pain in his left shoulder, in back of the arm, biceps area pain graded as a 2 at its lowest and 3 at its highest. He reports pain as dull, aching, numbing, soreness and constant. He said it is worse when he is bending the arm, lifting, lying down and when in stress. It is better when he is sitting or receives a massage. Medications currently are listed as Naprosyn, cyclobenzaprine and Voltaren gel. On physical examination of the upper extremities the pinwheel testing is equal bilaterally, reflexes are equal bilaterally and palpation over the lateral epicondyle elicited pain (2/4). Muscle testing of the left elbow notes flexion 4/5; extension 4/5; range of motion extension -90 degrees (hyperextended), flexion 170 degrees producing lateral elbow pain, supination full, pronation full with pain over the lateral epicondyle. The left shoulder notes tenderness at the anterior and posterior portions of the left shoulder. There is clicking and ratcheting with left shoulder abduction above 150 degrees. There

is extreme tenderness with palpation with external rotation. The lower extremities/back notes lower back tenderness at the mid portion L5-S1 and there is facet tenderness bilaterally. Reflexes are diminished to 1+ at the Achilles and patella and slightly diminished dermatome sensation on the left lower leg as compared to the right. The provider has requested as part of his treatment plan a Left shoulder and AC joint cortisone injections and GAC 30gm cream Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder cortisone injection: 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 Steroid injection <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, shoulder injection is recommended: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is no documentation of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore the request for Left shoulder cortisone injection is not medically necessary.

GAC 30gm cream (Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, #1: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for GAC 30gm cream Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, #1 is not medically necessary.