

Case Number:	CM15-0133834		
Date Assigned:	07/22/2015	Date of Injury:	12/15/2012
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old male who sustained an industrial injury on 12/15/12 when tractor tipped over throwing him onto the ground on his right side injuring his right shoulder, right shoulder blade, right clavicle and neck. He was medically evaluated with x-rays and MRI the results showing a fractured right clavicle. Medications were prescribed and he was given an arm sling. He returned to work with restrictions. He was seen by an orthopedic surgeon who did right shoulder surgery and the injured worker had 24 sessions of post-operative physical therapy. He currently is experiencing marked limitation of range of motion with pain about the right shoulder. Impingement signs are positive. Diagnoses include adhesive capsulitis, status post right shoulder Mumford procedure. Diagnostics include x-rays of the right shoulder, cervical spine, right wrist (5/13/14) with abnormalities. The right shoulder x-ray specifically showed residual acromioclavicular osteoarthritis with small subacromial space spurring, evidence of acromioplasty, callus formation; computed tomography of the brain, chest, abdomen and pelvis (12/15/12) normal; electromyography/ nerve conduction study upper extremity (3/8/13) abnormal; MRI of the right shoulder (3/9/13) showing acromioclavicular osteoarthritis, infraspinatus tendinitis; nerve conduction study of bilateral upper extremities (1/31/14) abnormal. In the progress note dated 6/16/15 the treating provider's plan of care included requests for MRI with gadolinium of the right shoulder to determine whether additional surgery is indicated; Ketoprofen 10%, gabapentin 6%, bupivacaine 5%, baclofen 2%, cyclobenzaprine

2%, clonidine 0.2% and hyaluronic acid 2%, 300 grams, applied three times per day with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic ACid 2%, 300 gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions". MTUS states that topical Gabapentin is "Not recommended", and further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product". MTUS states that topical Baclofen is "Not recommended". MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Topical cyclobenzaprine is not indicated for this usage, per MTUS. Per MTUS guidelines this topical compound medication is not recommended. As such, the request for Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic Acid 2%, 300 gm with 3 refills is not medically necessary.

MRI (magnetic resonance imaging) scan with Gadolinium, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), MR arthrogram.

Decision rationale: MTUS is silent specifically regarding MRI Arthrogram of the shoulder. Therefore, other guidelines were utilized. ODG states regarding MR Arthrogram of the Shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff

repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended". The treating physician has not provided documentation of objective findings or subjective complaints of suspected labral tear as outlined by guidelines. Prior utilization review modified the request to 1 MRI scan of the right shoulder. As such, the request for MRI (magnetic resonance imaging) scan with Gadolinium, Right Shoulder is not medically necessary.