

<b>Case Number:</b>	CM15-0136611		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained a work related injury August 11, 2014, with bilateral wrist pain for three months attributed to repetitive work. She was initially treated with a wrist brace, strap fitting splint support for elbow-wrist, medication, ice packs, and six sessions of physical therapy. According to a primary treating physician's progress report dated June 4, 2015, the injured worker presented with complaints of pain in the right shoulder and elbow, rated 7 out of 10, with numbness in the bilateral wrists. Objective findings included; restricted range of motion in the bilateral shoulders with impingement and supraspinatus tests positive; restricted range of motion in the bilateral wrists and Tinel's sign is positive. The physician noted that the injured worker will be out of town for two weeks and will return in July to resume treatment, including extracorporeal shockwave therapy, for the right shoulder. Diagnoses are bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. At issue, is the request for authorization for chiropractic therapy, Trepadone, Flurbiprofen-Baclofen-Camphor-Menthol-Dexamethasone-Capsaisin-Hyaluronic acid, Amitriptyline Hydrochloride-Gabapentin-Bupivacaine Hydrochloride-Hyaluronic acid and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy bilateral upper extremities (sessions) Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The injured worker sustained a work related injury on August 11, 2014. The medical records provided indicate the diagnosis of bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. Treatments have included wrist brace, strap fitting splint support for elbow- wrist, medication, ice packs, and six sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for Chiropractic therapy bilateral upper extremities (sessions) Qty: 12.00. The MTUS discusses chiropractic care under Manual and Manipulation therapy. The guidelines recommends active and passive treatment. The Passive treatment follows the manual therapy guidelines of a trial of 6 visits, while the active therapy follows the Physical Medicine Guidelines of allowing for a fading treatment of 8-10 visits followed by home exercise program. The MTUS does not recommend manual and manipulation therapy for the limbs. The requested treatment exceeds the number recommended by the guidelines. Therefore, the request is not medically necessary.

**Trepadone Qty: 12.00:** 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) Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Trepadone.

**Decision rationale:** The injured worker sustained a work related injury on August 11, 2014. The medical records provided indicate the diagnosis of bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. Treatments have included wrist brace, strap fitting splint support for elbow-wrist, medication, ice packs, and six sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for Trepadone Qty: 12.00. The MTUS is silent on medical foods. The Official Disability Guidelines states that Trepadone is a medical food containing L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. The Official Disability Guidelines does not recommend the use of medical foods. Therefore, the request is not medically necessary.

**Flurbiprofen 20%/Baclofen 5% Camphor 2% Menthol 2% Dexamethasone 0.2% Capsaicin 0.025% Hyaluronic 0.2% 180 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The injured worker sustained a work related injury on August 11, 2014. The medical records provided indicate the diagnosis of bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. Treatments have included wrist brace, strap fitting splint support for elbow-wrist, medication, ice packs, and six sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%/Baclofen 5% Camphor 2% Menthol 2% Dexamethasone 0.2% Capsaicin 0.025% Hyaluronic 0.2% 180 Qty: 1.00. The topical analgesics are largely experimental \drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended. The only agent recommended in this compounded drug is Capsaicin 0.025%; the rest are not recommended. Therefore, the requested treatment is not medically necessary.

**Amitriptyline HCL 10% Gabapentin 10% Bupivacane HCL 5% Hyaluronic acid 0.2% 180 gms Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The injured worker sustained a work related injury on August 11, 2014. The medical records provided indicate the diagnosis of bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. Treatments have included wrist brace, strap fitting splint support for elbow-wrist, medication, ice packs, and six sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for Amitriptyline HCL 10% Gabapentin 10% Bupivacane HCL 5% Hyaluronic acid 0.2% 180 gms Qty: 1.00. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents is recommended. Therefore, the requested treatment is not medically necessary.

**Urine Drug Screen Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on August 11, 2014. The medical records provided indicate the diagnosis of bilateral shoulder impingement syndrome; right shoulder adhesive capsulitis; rule out bilateral shoulder rotator cuff tear; bilateral elbow medial and lateral epicondylitis; rule out cubital tunnel syndrome; rule out bilateral wrist carpal tunnel syndrome. Treatments have included wrist brace, strap fitting splint support for elbow-wrist, medication, ice packs, and six sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for Urine Drug Screen Qty: 1.00. The MTUS recommends drug testing, as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not specify the frequency of testing, but the Official Disability Guidelines recommend within 6 months of beginning opioid treatment, and yearly afterwards, for individuals at low risk. The medical records indicate the injured worker was tested on 04/30/15, but makes no mention of the risk profile. Therefore, the requested treatment is not medically necessary.