

Case Number:	CM15-0160042		
Date Assigned:	08/26/2015	Date of Injury:	08/27/2014
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained an industrial injury on 8-27-2014. She reported pain in her left shoulder and arm, with hand numbness, when pulling masking tape off a piece of metal. The injured worker was diagnosed as having left shoulder sprain-strain with labral rotator cuff tear, left medial-lateral epicondylitis, and left wrist sprain-strain, rule out carpal tunnel syndrome. Treatment to date has included diagnostics, physical therapy, acupuncture, subacromial injection, and medications. Currently, the injured worker complains of left shoulder pain, rated 6 out of 10. Mild improvement was noted in functional change since last examination. Gastrointestinal side effects were noted with Naprosyn use. The treatment plan included chiropractic (3x4) for the left shoulder, Motrin, Prilosec, and Flurbi caps cream. Work status was modified and it was documented that she was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi-Caps cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Capsaicin, topical, p28 (3) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for left shoulder pain with a rotator cuff tear, left elbow pain with medial and lateral epicondylitis, and a strain / sprain of the left wrist with possible carpal tunnel syndrome. Case notes reference completion of 6 chiropractic treatment sessions. Treatments have included physical therapy, acupuncture, medications, and a subacromial injection. Then seen, the claimant had difficult transitioning positions. There was shoulder and elbow tenderness. There was positive impingement testing. Motrin and Prilosec were being prescribed and were continued. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments; it is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The claimant is already taking an oral NSAID and prescribing a topical non-steroidal anti-inflammatory medication is duplicative. The requested compounded medication is not medically necessary.

Chiropractic treatments 3x wk x 4 wks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), Manipulation (2) Forearm, Wrist, & Hand (Acute & Chronic), Manipulation (3) Shoulder (Acute & Chronic), Manipulation.

Decision rationale: The claimant sustained a work-related injury in August 2014 and is being treated for left shoulder pain with a rotator cuff tear, left elbow pain with medial and lateral epicondylitis, and a strain / sprain of the left wrist with possible carpal tunnel syndrome. Case notes reference completion of 6 chiropractic treatment sessions. Treatments have included physical therapy, acupuncture, medications, and a subacromial injection. Then seen, the claimant had difficult transitioning positions. There was shoulder and elbow tenderness. There was positive impingement testing. Motrin and Prilosec were being prescribed and were continued. Chiropractic treatment can be recommended for the shoulder with up to 9 visits and up to 6 visits for the elbow, contingent on objective improvement after an initial trial of up to 3 visits. It is not recommended for the wrist or hand. In this case, the claimant's response to the treatments already provided is not documented in terms of any benefit and the number of additional treatments being requested is in excess of recommended guidelines and is not medically necessary.

