

Case Number:	CM15-0161118		
Date Assigned:	09/03/2015	Date of Injury:	06/24/2014
Decision Date:	10/19/2015	UR Denial Date:	07/31/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 41 year old male, who sustained an industrial injury on 6-24-14. The injured worker was diagnosed as having bilateral shoulder strain-sprain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow strain-sprain, bilateral knee strain-sprain, rule out bilateral knee meniscal tear and cervical spine sprain-strain. Treatment to date has included extracorporeal shockwave treatments, physical therapy, topical medications and activity modifications. Currently on 6-30-15, the injured worker complains of radicular pain in the neck rated 4-5 out of 10, bilateral shoulder pain rated 2-3 out of 10, bilateral elbow pain rated 2-3 out of 10 and bilateral knee pain rated 2-3 out of 10. He notes physical therapy helps to decrease his pain and tenderness and function and activities of daily living have improved with physical therapy. Disability status is noted to be temporarily totally disability. Physical exam performed on 6-30-15 revealed tenderness to palpation over the paraspinal muscles of cervical spine which is unchanged since previous visit with trigger points and restricted range of motion, tenderness to palpation with restricted range of motion of bilateral shoulders which is unchanged since previous visit, tenderness to palpation of bilateral elbows which is unchanged since previous visit and tenderness to palpation over bilateral knees which is unchanged since previous visit. The treatment plan included continuation of physical therapy 2 times a week for 6 weeks, prescription for HMPHCC2 Flurbiprofen 20% Baclofen 5% Camphor 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic acid .02% HNPCI-Amitriptyline HCL 10%; referral for left knee surgical consult and urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical therapy for evaluation and treat 2x6 C spine bilateral shoulder and bilateral knee Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had approximately 30 PT visits since his injury in 06/24/2014. There is no documentation indicating that he had a defined functional improvement in his condition. There is no specific indication for the additional 12 PT (2x6) sessions requested, which exceed the MTUS and ODG guidelines. Medical necessity for the additional PT visits requested has not been established. The requested services are not medically necessary.

Compound medication - HMPHCC2 Flurbiprofen 20% Baclofen 5% Camphor 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic acid .02% HNPC1 - Amitriptyline HCL 10% g Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical

analgesic compound contains: Flurbiprofen 20% Baclofen 5% Camphor 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic acid .02% HNPCI - Amitriptyline HCL 10% g. There is no documentation of intolerance to other previous oral medications. Flurbiprofen is not FDA approved for topical application and not addressed in CA MTUS; Amitriptyline, Dexamethasone, Hyaluronic acid and Camphor are not addressed in CA MTUS and Capsaicin is only recommended when other, conventional treatments have failed. Baclofen is not recommended by CA MTUS. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Urine toxicology Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is not maintained on any opiate medication. Medical necessity for the requested test is not established. The requested test is not medically necessary.

Trepadone #120 Qty: 1.00: 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 chapter.

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

Decision rationale: The ODG states that Trepadone is a medical food with insufficient evidence to support its use for osteoarthritis or for neuropathic pain, and is not recommended. The guidelines note that medical foods are not recommended for chronic pain as they have not been shown to produce meaningful benefit or functional improvement. Medical necessity for the requested medical food has not been established. The requested medical food is not medically necessary.