

<b>Case Number:</b>	CM15-0168014		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

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 37 year old male who sustained an industrial injury on 2-3-15 when he tripped with his left foot and fell forward with arms extended. Diagnoses include left shoulder impingement syndrome; left shoulder sprain, strain; left interphalangeal joint pain; left hand joint pain. He currently complains of mild, dull left shoulder pain with a pain level of 3 out of 10. Per the 7-21-15 note the injured worker's shoulder pain has slightly decreased and his functional level for activities of daily has been improving; per the 7-14-15 note his hand pain was 6 out of 10 with prolonged reaching. On physical exam there was tenderness on the left anterior shoulder with some muscle spasms. Diagnostics include MRI of the left shoulder (3-3-15) revealed bone contusion, bone marrow edema of the superior humeral head, full thickness tear of the superior posterior labrum, partial thickness tear of the articular surface of the infraspinatus, degenerative findings. Treatments to date include physical therapy with improvement; massage; acupuncture with improvement; medication; per the 6-8-15 orthopedic note the injured worker takes no medication. In the progress note dated 7-22-15 the treating provider requested physical therapy twice per week for three weeks. In the progress note dated 7-14-15 the treating provider's plan of care included requests for flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2%, hyaluronic acid 0.2% in cream base 240grams; amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5% and hyaluronic acid 0.2% in cream base 240 grams; urine screen to rule out medication toxicity (7-14-15); specimen collection and handling (7-14-15). On 7-27-15 utilization review evaluated requests for flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2%, and hyaluronic acid 0.2% in cream base 240grams with non-certification; amitriptyline

HCL 10%, gabapentin 10%, bupivacaine HCL 5% and hyaluronic acid 0.2% in cream base 240 grams with non-certification; a retrospective request for 1 specimen collection and handling between 7-14-15 and 7-14-15 with non-certification; retrospective request for 1 urine toxicology screen between 7-14-15 and 7-14-15 with non-certification; request for 6 physical therapy sessions for the left shoulder and left hand between 7-23-15 and 9-6-15 was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 container of Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic Acid 0.2% in cream base 240 grams: 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:** Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.

**1 container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and Hyaluronic Acid 0.2% in cream base 240 grams: 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:** With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

**Retrospective Specimen Collection and Handling DOS: 7/14/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** This request pertains to an aspect of the urine toxicology testing process. Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Within the documentation available for review, it appears that the provider has asked for urine drug testing for baseline assessment. The CPMTG does not recommend for baseline testing when there is no definitive plan of when to start controlled substances. In the progress note dated 7/14/15, the patient is not taking any oral controlled substances, but instead has topical medications. Furthermore there is a statement in this progress note that the patient underwent urine testing to rule out medication toxicity, but there is not clarification of what current medications the worker is on at that time. Given this, the currently requested urine toxicology test is not medically necessary.

**Retrospective Urine Toxicology Screen DOS: 7/14/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Within the documentation available for review, it appears that the provider has asked for urine drug testing for baseline assessment. The CPMTG does not recommend for baseline testing when there is no definitive plan of when to start controlled substances. In the progress note dated 7/14/15, the patient is not taking any oral controlled substances, but instead has topical medications. Given this, the currently requested urine toxicology test is not medically necessary.

**6 Physical Therapy sessions for the Left Shoulder and Left hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.