

<b>Case Number:</b>	CM15-0180691		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: 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:

This is a 65 year old female who sustained a work-related injury on 1-10-11. On 8-6-15, the injured worker was being treated for bilateral shoulder bursitis and impingement syndrome. She had continuous pain in the bilateral shoulders and noted that rotation, torqueing motions, reaching overhead, lifting, carrying, pushing and pulling exacerbated her pain. She rated her bilateral shoulder pain a 4-8 on a 10-point scale. Her right shoulder range of motion included flexion to 160 degrees, extension and adduction to 40 degrees, abduction to 150 degrees, internal rotation to 70 degrees and external rotation to 60 degrees (no change from 7-7-15). Her left shoulder range of motion included flexion to 160 degrees, extension and adduction to 40 degrees, abduction to 140 degrees, internal rotation to 70 degrees and external rotation to 60 degrees (no change from 7-7-15). She had tenderness to palpation over the bilateral anterior, lateral and posterior shoulder. She had bilateral positive Neer's and Hawkin's sings. Her treatment plan included compounded medications (used since at least 7-7-15) to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications as well as upper gastrointestinal bleeding with the use of NSAID medications. She was recommended additional chiropractic physiotherapy for the bilateral shoulders. Previous treatment included left shoulder arthroscopic biceps tenodesis and arthroscopic subacromial decompression on 7-6-11, left glenohumeral joint manipulation under anesthesia 3-14-12 and physical therapy. A request for continued chiropractic physiotherapy 2 x 3 for the bilateral shoulders, compound HMPHCC2 (flurbiprofen-baclofen-camphor-menthol-dexamethasone-capsaicin) and Compound HNPC1 (amitriptyline-gabapentin-bupivacaine) 240 grams was received on 8-6-15. On 8-19-15, the Utilization Review physician determined

continued chiropractic physio therapy 2 x 3 for the bilateral shoulders, compound HMPHCC2 (flurbiprofen-baclofen-camphor-menthol-dexamethasone-capsaicin) and Compound HNPC1 (amitriptyline-gabapentin-bupivacaine) 240 grams was not medically necessary. An unspecified number of chiropractic physiotherapy sessions were completed without objective gains and additional treatments were recommended.

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

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

**Continued chiropractic physio therapy 2 x 3, bilateral shoulders:** 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): Manual therapy & manipulation, Physical Medicine.

**Decision rationale:** MTUS Guidelines recommend a trial of up to 6 sessions of manual therapy before proceeding with additional sessions. MTUS Guidelines allow up to 8-10 sessions of physical therapy for chronic musculoskeletal condition, but this form of treatment is to be accompanied by a developed independent activity program. Neither of these Guideline conditions are met. The request is for chiropractic physiotherapy, however the narratives state that she is having manual therapy and the number of sessions completed is not detailed. There is no documentation of any increased functional outcomes and no documentation of a developing independent exercise program. Under these circumstances, the request for continued chiropractic physiotherapy 2 x 3, bilateral shoulders is not supported by Guidelines and is not medically necessary.

**Compound HMPHCC2, (Flurbiprofen/Baclofen/Camphor/Menthol/Dexamethasone/Capsaicin):** 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:** MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents be utilized and any compound containing a non-supported agent(s) is not recommended. The compound contains several agents that are not supported by Guidelines. The Guidelines state that topical muscle relaxants (Baclofen) are not recommended. In addition there is no support for Flurbiprofen or topical steroids for chronic pain. There are no unusual circumstances to justify an exception to Guideline recommendations. The Compound HMPHCC2, (Flurbiprofen/Baclofen/Camphor/Menthol/Dexamethasone/Capsaicin) is not supported by Guidelines and is not medically necessary.

**Compound HNPC1 (Amitriptyline/Gabapentin/Bupivacaine) 240grams:** 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:** MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents be utilized and any compound containing a non-supported agent(s) is not recommended. The compound contains several agents that are not supported by Guidelines. Guidelines specifically state that topical Gabapentin is not recommended and there is no support for topical Amitriptyline or Bupivacaine. The compound HNPC1 (Amitriptyline/Gabapentin/Bupivacaine) 240 grams is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guideline recommendations.