

Case Number:	CM15-0186049		
Date Assigned:	09/28/2015	Date of Injury:	02/10/1980
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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, New York, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of February 10, 1980. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for a topical-compounded medication, shoulder MRI imaging, and a TENS unit 30-day trial. The claims administrator referenced a May 26, 2015 office visit and an RFA form received on August 17, 2015 in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported ongoing complaints of neck, shoulder, knee, and low back pain, progressively worsening, highly variable, 2 to 7/10. The applicant was on tramadol and Motrin for pain relief; it was stated in one section of the note. The applicant was not working, it was acknowledged. Motrin, tramadol, and Kera-Tek analgesic gel were endorsed. MRI and CT imaging of the shoulder were recommended. Overall commentary was sparse. There was no seeming mention of the need for TENS device on this date. It was not stated how the proposed shoulder MRI would influence or alter the treatment plan. The treating provider's commentary was somewhat difficult to follow as one section of the note stated that the treating provider had chosen to retract an order for shoulder MRI imaging in favor of CT imaging of the shoulder. The applicant was described as having an established diagnosis of left shoulder arthritis, rotator cuff tear and SLAP lesion about the right shoulder. On an RFA form dated August 17, 2015, 30-day trial of a TENS unit, topical compounded medications, and MRI imaging of the shoulder were endorsed were endorsed, seemingly without much in the way of supporting commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine (20%5%4%) cream, 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-baclofen containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, was not recommended for topical compound formulation purposes. Since one or more ingredients in the compounds was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

MRI of the left shoulder (one call medical): Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, there was no mention of how (or if) the proposed the shoulder MRI would influence or alter the treatment plan. Little-to-no narrative commentary accompanied the request for authorization. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results on the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

TENS unit 30 days trial: 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): Transcutaneous electrotherapy.

Decision rationale: Finally, the request for TENS unit-30 day trial-was likewise not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that TENS units are recommended on a one-month trial basis in applicants who have chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, however, the attending provider seemingly contended on a May 29, 2015 progress note that tramadol and Motrin were in fact effective in attenuating the applicant's pain complaints. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a TENS unit be employed as an adjunct to other treatment modalities within a functional restoration approach. Here, the applicant was off work as of the May 26, 2015 office visit in question. Little-to-no narrative commentary accompanied the RFA form. It did not appear, however, the applicant was intent on employing the TENS unit in question in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.