

Case Number:	CM15-0192271		
Date Assigned:	10/06/2015	Date of Injury:	03/13/2012
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 3-13-12. Diagnoses are noted as right carpal tunnel syndrome, left wrist pain, left hand pain, left shoulder anterior labrum tear, left shoulder chronic strain, mid tendinosis and tendinopathy and of the supraspinatus and infraspinatus tendons per MRI 8-15-15, moderate narrowing of the subacromial space secondary to hypertrophic degenerative changes at the acromioclavicular joint with lateral downsloping of the acromion per MRI 8-15-15. In a progress report dated 8-27-15, the physician notes complaint of persistent pain in the left shoulder, which is rated 8 out of 10. Pain is noted to be made better with rest and medication, which reduces pain to 5 out of 10. Exam of the left shoulder is reported as severely decreased range of motion secondary to pain, flexion and abduction at 90 degrees with pain, tenderness over the acromioclavicular joint, positive Neer's impingement, Hawkin's and empty can sign and decreased strength at 4 out of 5 with flexion and extension. An injection of 5cc Marcaine 0.5 and 1cc of Dexamethasone 120mg-30ml was administered to the left shoulder 8-27-15. Prescriptions are for Tramadol, Norco, and Naproxen. A request for authorization is for the topical cream "in an attempt to help control the pain further and wean her from the Norco as well as to continue working with her restrictions. It is noted that due to persistent pain, decreased function and recent MRI findings that a labral tear cannot be ruled out as there is increased signal and intensity within the posterior labrum; therefore, an MRI of the left shoulder with contrast is requested to rule out labral tear. Work status is to return to modified work 8-27-15 with restrictions." The requested treatment of MRI with contrast- left shoulder and Flurbiprofen-Baclofen-Lidocaine-Menthol cream (20%, 5%, 4%, 4%) 180 grams was noncertified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with Contrast of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. In this case, the claimant had an MRI, which showed no tears but only tendonitis. The exam findings are consistent with impingement rather than a tear. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI with contrast request of the shoulder is not medically necessary.

Flurbiprofen/Baclofen/Lidocaine/Menthol cream (20%/5%/4%/4%) 180gm, apply a thin layer 2-3 times per day: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. In addition, the claimant was also on oral NSAIDs and opioids. Since the compound above contains these topical medications, the Flurbiprofen/Baclofen/Lidocaine/Menthol cream (20%/5%/4%/4%) is not medically necessary.