

Case Number:	CM15-0202494		
Date Assigned:	10/19/2015	Date of Injury:	04/17/2015
Decision Date:	12/04/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 31 year old male, who sustained an industrial injury on April 17, 2015. He reported pain in his right shoulder and right thigh. The injured worker was diagnosed as having right shoulder contusion and right thigh contusion. Treatment to date has included diagnostic studies, ice application, ACE wrap, physical therapy, right shoulder cortisone injection and medication. On April 17, 2015, a right shoulder MRI showed contusion of deltoid muscle with edema. On June 10, 2015, notes stated that the injured worker completed 6 physical therapy sessions, although he would not go back to physical therapy because it causes increased pain in the right shoulder. On June 23, 2015, the injured worker stated that his shoulder was hurting worse than usual due to a cortisone injection he received that morning. On August 25, 2015, the injured worker complained of continuous right shoulder pain associated with numbness of his right fingers. The pain was rated as an 8-9 on a 1-10 pain scale. Rotation, torquing motions, reaching overhead, lifting, carrying, pushing and pulling were noted to exacerbate his shoulder pain. He also complained of continuous right thigh pain rated as a 4 on the pain scale. This pain is aggravated with walking, standing, stooping, lifting, carrying, bending and twisting. Physical examination revealed tenderness to palpation of the anterior shoulder. Neer's and Hawkin's were both positive. Right shoulder range of motion was flexion 150 degrees, extension 40 degrees, adduction 40 degrees, abduction 140 degrees, internal rotation 70 degrees and external rotation 60 degrees. Right thigh swelling was noted. The treatment plan included chiropractic physio therapy for right shoulder and thigh and medications. On September 14, 2015, utilization review denied a request for six chiropractic visits at two times a week for three

weeks, Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-hyaluronic acid 0.2% in cream base, Cyclobenzaprine HCL 7.5mg #90 and Gabapentin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 6 visits, 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the CA MTUS/ACOEM guidelines, Manual Therapy or Chiropractic manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. The MTUS states that is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this case, there is limited documentation of objective functional benefit from previous chiropractic sessions. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base: 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 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: Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine HCL 5%/ Hyaluronic acid 0.2% in a cream base. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Medical necessity for the requested compounded topical analgesic has not been established. The requested treatment is not medically necessary.

Cyclobenzaprine HCL 7.5mg by mouth, 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. In addition, there is no clinical indication presented for the chronic or indefinite use of this medication. There is, also, no documentation of muscle spasms on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Gabapentin 300mg by mouth, 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, there is no documentation of objective functional benefit from the previous use of Gabapentin. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.