

<b>Case Number:</b>	CM15-0022782		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old male, who sustained an industrial injury on 1/21/2011. He reported pain of left shoulder, left elbow and left wrist. The injured worker was diagnosed as having disorders bursae/tendon/shoulder and hemarthrosis. Treatment to date has included medications, acupuncture, magnetic resonance arthrogram, and urine drug testing, injections, and shoulder surgery. The request is for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Medaderm base, chiropractic treatment for the left shoulder, magnetic resonance imaging of the left shoulder, and Flurbiprofen 20%/Baclofen 10% and Dextromethorphan 2% in cream base. On 12/18/2014, he complained of having sharp and shooting left shoulder pain. He rated his pain level as 10/10, and reported it to be aggravated by overhead reaching, and associated with tingling and weakness. The treatment plan included Anaprox DS, Prilosec, Cyclobenzaprine, Norco, crams, Terocin patch, magnetic resonance imaging, electrodiagnostic studies, and chiropractic care. Several of the medical records pages are handwritten and difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Medaderm Base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 57 year old male has complained of left shoulder and left wrist pain since date of injury 1/21/11. He has been treated with surgery, acupuncture, injections, physical therapy and medications. The current request is for Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Medaderm Base. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Medaderm Base is not indicated as medically necessary.

**Chiropractic 2 times per week for 6 weeks to the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** This 57 year old male has complained of left shoulder and left wrist pain since date of injury 1/21/11. He has been treated with surgery, acupuncture, injections, physical therapy and medications. The current request is for Chiropractic 2 times per week for 6 weeks to the left shoulder. Per the ACOEM guidelines cited above, chiropractic therapy is not recommended in the treatment of shoulder pain. On the basis of the available medical records and per the ACOEM guidelines cited above, chiropractic 2 times per week for 6 weeks to the left shoulder is not indicated as medically necessary.

**MRI Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (web: updated 10/31/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** This 57 year old male has complained of left shoulder and left wrist pain since date of injury 1/21/11. He has been treated with surgery, acupuncture, injections, physical therapy and medications. The current request is for MRI of the left shoulder. There is inadequate documentation in the available medical records of failure to respond to conservative treatments tried thus far as well as inadequate documentation that symptoms and signs have significantly changed from previous imaging. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the left shoulder is not indicated as medically necessary.