

Case Number:	CM15-0023537		
Date Assigned:	02/13/2015	Date of Injury:	07/29/2011
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female who sustained an industrial injury on 07/29/11. She reports constant severe pain in the cervical spine, bilateral shoulders, bilateral wrists, hands, and elbows, as well as frequent severe headaches. Treatments to date include medications and surgery. Diagnoses include cervical spondylosis, rotator cuff syndrome of the bilateral shoulders, lateral epicondylitis of the elbows, carpal tunnel syndrome, median nerve entrapment at the wrists, tendinitis/bursitis of the hands/wrists, and aftercare for surgery of the musculoskeletal system - right shoulder, elbow, and wrist. In a progress note dated 12/10/14 the treating provider recommends physical therapy, an inflammation topical compound, a muscular pain topical compound, pain medicine consultation, MRI for the bilateral shoulders, and a surgical consultation. On 01/28/15 Utilization Review non-certified a 3D MRI of the right wrist, MRI of the right shoulder, pain management consultation, work hardening evaluation, Fioricet, Inflammatory topical compound, and muscular pain topical compound, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 3-D right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. Applicable criteria for obtaining an MRI of the wrist include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbock's disease with normal plain film x-rays. In this case, none of these criteria is met and therefore the requested MRI was not medically necessary.

MRI (magnetic resonance imaging) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the claimant has already had MRI scans and has chronic symptoms. There are no 'red flags' such as suspicion of cancer or infection. A repeat MRI is not medically necessary.

Pain Management consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 79, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing widespread symptoms despite extensive treatments including shoulder surgery. Therefore, this request was medically necessary.

Inflammation topical compound - Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Muscular pain topical compound - Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. This request is for a compounded topical medication with components including baclofen, cyclobenzaprine, and Flurbiprofen. In terms of these medications, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition

to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Fiorcet #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 6, 23.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. In terms of her headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fiorcet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fiorcet is not medically necessary.

Work conditioning/hardening - one evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and bilateral upper extremity pain and headaches. Criteria for a work hardening program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, the claimant is more than two years status post injury. The requested provider referred her for additional therapy indicating that the treatment is considered incomplete. There is no identified return to work plan. Therefore, requesting an evaluation for work conditioning / hardening was not medically necessary.