

Case Number:	CM15-0025336		
Date Assigned:	02/26/2015	Date of Injury:	01/19/2012
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 1/19/12. He has reported knee, elbow and shoulder injury. The diagnoses have included internal derangement of left knee, shoulder joint derangement, cubital tunnel syndrome, lumbago, cervical spinal stenosis and cervicalgia. Treatment to date has included cervical surgery with postoperative physical therapy, pain management and pain medication. Currently, the injured worker complains of constant right elbow pain, left knee pain and frequent pain in right shoulder. The progress report dated 1/12/15 noted the elbow pain is worsening, left knee pain and right shoulder pain is unchanged since prior visits. On physical exam, tenderness is noted over the elbow about the olecranon groove and medical epicondyle with painful but full range of motion; right knee revealed a well healing surgical incision and tenderness is noted around the anterior glenohumeral region and subacromial space of right shoulder. On 1/23/15 Utilization Review non-certified Flurbiprofen/Capsaic (patch) 10%/0.25% cream #120, noting any compounded cream that contains at least one drug that is not recommended, is not recommended; Lidocaine/Hyaluronic (patch) 6%/0.2% cream #120, noting further research is needed to recommend this treatment for chronic neuropathic pain disorders; (MRI) magnetic resonance imaging of right shoulder noting there is no red flag and no documentation of x-rays or failure of conservative treatment and (MRI) magnetic resonance imaging of right elbow, noting there is no red flag and no documentation of x-rays or failure of conservative treatment. The MTUS, ACOEM Guidelines and ODG were cited. On 1/29/15, the injured worker submitted an application for IMR for review of Flurbiprofen/Capsaic (patch) 10%/0.25% cream #120,

Lidocaine/Hyaluronic (patch) 6%/0.2% cream #120, (MRI) magnetic resonance imaging of right shoulder and (MRI) magnetic resonance imaging of right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaic (Patch) 10%/0.025% cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo> - Topical Flurbiprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back, left knee and upper extremity. The request is for FLUBIPROFEN/ CAPSAICIN (PATCH) 10%/0.025% CREAM #120. MTUS guideline page 111 recommends Non-steroidal anti-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks)." MTUS guidelines page 112 indicates "capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." In this case, the treater does not document how this medication is being used with what effectiveness. Topical NSAIDs are only indicated for peripheral joint tendinitis/arthritis and the patient does present with knee pain. But the treater does not mention that this topical is used for the knee condition and with what effectiveness. The request IS NOT medically necessary.

Lidocaine/Hyaluronic (Patch) 6%/0.2% cream #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo> - Topical Hyaluronic Acid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back, left knee and upper extremity. The request is for LIDOCAINE /HYALURONIC (patch) 6%/0.2% CREAM #120. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain." In this case, MTUS guidelines do not allow any other

formulation of Lidocaine other than in patch form. Hyaluronic acid is not supported by ODG for topical application. The request IS NOT medically necessary.

MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Indications for Imaging - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back, left knee and upper extremity. The request is for MRI OF THE RIGHT SHOULDER. The patient appears to have not had a previous MRI of the right shoulder in the past. Per 01/12/15 progress report, "there is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Rotator cuff function appears intact albeit painful. There is reproducible symptomatology with internal rotation and forward flexion." The MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg 207-209 offers primary criteria for ordering imaging studies including Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG guidelines, under Shoulder chapter, states for MR arthrogram of shoulder, "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients." In this case, the treater requested MRI of the right shoulder because "the patient has had limitations in the shoulder due to consistent symptoms greater than 4-5 weeks." The examination and the patient's clinical presentation do show suspicion for internal derangement such as rotator cuff/labral tears. Given no prior MRI, the request IS medically necessary.

MRI of the right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 33-34. Decision based on Non-MTUS Citation ACOEM Guidelines (updated 2008) and Official Disability Guidelines, Elbow MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow Chapter, MRI's.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back, left knee and upper extremity. The request is for MRI OF THE RIGHT ELBOW. The patient appears to have not had a previous MRI of the right elbow in the past. Per the 01/12/15

progress report, "there is tenderness over the elbow about the olecranon groove, medial epicondyle. Tinel's sign is positive over the cubital tunnel. Range of motion is full but painful. There is diminished sensation in the ulnar digits." ODG guidelines, under Elbow Chapter and topic 'MRI's', recommends the imaging studies when there is chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic. "Magnetic resonance imaging may provide important diagnostic evaluation for evaluating the adult elbow many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or nerve median, and for masses about the elbow joint." In this case, the treater requested MRI of the right elbow because "[the patient has] limitations of activity and unexplained physical findings such as effusion or localized pain (especially following exercise), image may be indicated to clarify the diagnosis and assist reconditioning." There are no significant objective findings at the elbow, but given the patient's complaints of continued chronic elbow pain, the requested MRI of the right elbow IS medically necessary.