

Case Number:	CM15-0029233		
Date Assigned:	02/23/2015	Date of Injury:	03/21/2014
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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 56-year-old male, who sustained an industrial injury on March 21, 2014. He has reported pain of bilateral shoulders, bilateral wrists, psychiatric complaints, and sleep complaints. His diagnoses include bilateral shoulder sprain/strain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow/forearm sprain/strain, bilateral elbow lateral epicondylitis, bilateral wrist sprain/strain, rule out bilateral carpal tunnel syndrome, and bilateral wrist overuse syndrome. He has been treated with extracorporeal shock wave therapy of bilateral elbows, physical therapy, work modifications, and medications including non-steroidal anti-inflammatory. On December 4, 2014, his treating physician reports pain of the left shoulder/arm, bilateral elbow/forearm, and bilateral wrist/hand. The physical exam revealed tenderness of bilateral shoulder/arm, bilateral elbow/forearm, and bilateral wrist/hand. The bilateral shoulder/arm range of motion was restricted. There was supraspinatus tenderness. On February 17, 2015, the injured worker submitted an application for IMR for review of prescriptions for Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180 gm apply a thin layer to the affected area 2-3 times a day, Flurbi (NAP) Cream-LA (Flurbiprofen 20%/lidocaine 5%/Amitriptine 5%) 180 gm apply a thin layer to the affected area 2-3 times a day, and Mobic tab 15mg #30. The Gabacyclotram and Flurbi (NAP) Cream-LA was non-certified based on the lack of documentation of indicating the efficacy of the medication, the time frame of efficacy, and efficacy of functional status that the medication provides. In addition, there was lack of documentation of failure of oral medications to provide relief. The compound product contains at least one drug or drug class that is not recommended, therefore it

is not recommended. The Mobic was non-certified based on the lack of documentation indicating the efficacy of the medication, the period of efficacy, and efficacy of functional status that the medication provides. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment for bilateral upper extremity, 2 x week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient presents with bilateral shoulder and bilateral wrist pain. The treater has asked for chiropractic evaluation and treatment for bilateral upper extremity, 2x a week for 6 weeks but the requesting progress report is not included in the provided documentation . Review of the reports dated 8/26/14 to 10/23/14 do not show any evidence of prior chiropractic treatment. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Forearm, Wrist, & Hand: Not recommended." In this case, the patient has chronic shoulder/wrist pain. The treater has requested chiropractic evaluation/treatment and 12 sessions of treatment. MTUS does not recommend chiropractic treatment for the hand and wrist, however. In addition, the trial of 12 sessions exceeds MTUS guidelines, which recommend a trial of 3-6 sessions. The request IS NOT medically necessary.

Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180gm, apply thin layer to affected area 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic painTopical analgesic Page(s): 22, 60, 111-113.

Decision rationale: This patient presents with bilateral shoulder and bilateral wrist pain. The treater has asked for gabacyclotram/gabapentin 10%/cyclobenzaprine 6%/tramadol 10% 180 gm, apply thin layer to affected area 2-3 times a day but the requesting progress report is not included in the provided documentation. Regarding topical NSAIDS, MTUS states they are 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.

MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient has a chronic pain condition of the shoulders/wrists. MTUS recommends topical NSAIDS for short-term symptomatic relief to treat peripheral joint arthritis and tendinitis, which this patient has. However, this compound contains Tramadol and Cyclobenzaprine, neither of which is discussed in any of the guidelines for a topical use. As topical Cyclobenzaprine and Tramadol are not indicated, the entire compounded topical cream is also not indicated for use. The request IS NOT medically necessary.

Flurbi(NAP) Cream-LA (Flurbiprofen 20%/ Lidocaine 5%/Amitriptyline 5%) 180gm
apply thin layer to affected area 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 57, 111-113.

Decision rationale: This patient presents with bilateral shoulder and bilateral wrist pain. The treater has asked for gabacyclotram/gabapentin 10%/cyclobenzaprine 6%/tramadol 10% 180 gm, apply thin layer to affected area 2-3 times a day but the requesting progress report is not included in the provided documentation. Regarding topical NSAIDS, MTUS states they are 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. MTUS states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient has a chronic pain condition of the shoulders/wrists. MTUS recommends topical NSAIDS for short-term symptomatic relief to treat peripheral joint arthritis and tendinitis, which this patient has. However, this compound contains Tramadol and Cyclobenzaprine, neither of which is discussed in any of the guidelines for a topical use. As topical Cyclobenzaprine and Tramadol are not indicated, the entire compounded topical cream is also not indicated for use. The request IS NOT medically necessary.

Mobic tab 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: This patient presents with bilateral shoulder and bilateral wrist pain. The treater has asked for Mobic Tab 15mg #30 on 10/23/14. Review of the reports does not show any evidence of Mobic being done in the past. The patient is taking Ibuprofen as of 9/9/14 report with unknown efficacy. It is not known if patient is currently taking Ibuprofen as of 10/23/14 report. Regarding oral NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for

shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short-term symptomatic relief. In this case, the patient presents with chronic shoulder/wrist pain, and a trial of the requested Mobic appears reasonable. The request IS medically necessary.