

Case Number:	CM15-0031834		
Date Assigned:	02/25/2015	Date of Injury:	02/09/2010
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old male injured worker suffered and industrial injury on 2/9/2010. The diagnoses were brachial plexus lesion, adhesive capsulitis of the shoulder rotator cuff strain/sprain, and injury to the auxiliary nerve. The diagnostic studies were cervical magnetic resonance imaging and electromyography. The treatments were physical therapy and medications. The treating provider reported cervical pain with generalized tenderness. The Utilization Review Determination on 1/21/2015 non-certified: 1. Physical therapy 2-3 times a week for 6 weeks, MTUS, ACOEM, ODG 2. Neurontin 300mg caps #90, MTUS 3. Flector 1.3% TDSY #60, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 2 to 3 times per week for six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are brachial plexus lesions; other specified D/O rotator cuff syndrome shoulder; and unspecified neuralgia, neuritis and radiculitis. The documentation from an Agreed-Upon Medical (AME) examination indicates the injured worker received prior physical therapy. The AME indicated there was improvement of the injured worker but he still has back pain. There is no documentation regarding physical therapy and objective functional improvement. Additionally, the total number of physical therapy visits is unclear on the available documentation. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with physical therapy objective functional improvement, physical therapy 2 to 3 times per week for six weeks is not medically necessary.

Neurontin 300mg caps #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are brachial plexus lesions; other specified D/O rotator cuff syndrome shoulder; and unspecified neuralgia, neuritis and radiculitis. There are no subjective or objective complaints of neuropathic pain in terms of radiculopathy or referred pain in the October 13, 2014 progress note. Neurontin was first prescribed on that date. There is no clinical indication in the subjective and objective sections of the progress note. Consequently, absent subjective and objective clinical documentation with neuropathic symptoms and/or signs, Neurontin 300 mg #90 is not medically necessary.

Flector 1.3% TDSY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% Q 12 H #30 with four refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured workers working diagnoses are brachial plexus lesions; other specified D/O rotator cuff syndrome shoulder; and unspecified neuralgia, neuritis and radiculitis. The documentation does not provide an anatomical region for Flectors application. Additionally, Flector is indicated for acute sprains, strains and contusions. The date of injury is February 9, 2010. The injured worker is in the chronic phase of the injury. There is no documentation of an acute sprain, strain or contusion. Consequently, absent clinical documentation with a clinical indication and anatomical region for Flectors application, Flector patch 1.3% Q 12 H #30 with four refills is not medically necessary.