

Case Number:	CM15-0036375		
Date Assigned:	03/05/2015	Date of Injury:	01/10/2014
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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:

This 37-year-old male reported a work-related injury on 01/10/2014. According to the progress report dated 3/2/15, the injured worker (IW) reports pain in the right shoulder, right arm, bilateral wrists/hands and in the bilateral knees. The IW was diagnosed with right shoulder sprain/strain, right shoulder tendinitis, rule-out right shoulder rotator cuff tear, bilateral hand/wrist sprain/strain, left thumb tenosynovitis and right knee sprain/strain - rule-out meniscal tear and internal derangement. Previous treatments include medications, extracorporeal shockwave treatments and chiropractic therapy. The treating provider requests chiropractic therapy twice weekly for six weeks for the right shoulder; Flurb (NAP) cream LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180 Gms; Gabacycltram (Gabapentin 10%/Cyclobenzaprine 6%/ Tramadol 10%) 180 Gms and Tramadol 50mg every 12 hours as needed, #60. The Utilization Review (UR) on 02/13/2015 non-certified the request for chiropractic therapy twice weekly for six weeks for the right shoulder; Flurb (NAP) cream LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180 Gms; Gabacycltram (Gabapentin 10%/Cyclobenzaprine 6%/ Tramadol 10%) 180 Gms and Tramadol 50mg every 12 hours as needed, #60, citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy right shoulder 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: This 37 year old male has complained of right shoulder pain and bilateral knee pain since date of injury 1/10/14. He has been treated with chiropractic therapy, physical therapy, shock wave therapy and medications. The current request is for chiropractic therapy right shoulder 2 X 6. Per the ACOEM guidelines cited above, chiropractic therapy is not recommended in the treatment of shoulder pain and is therefore not indicated as medically necessary.

Flurb (NAP) cream LA (flurbiprofen 20%/Lidocaine 5% Amltriptyline 5% 180gm 2-3 times day: Upheld

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

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

Decision rationale: This 37 year old male has complained of right shoulder pain and bilateral knee pain since date of injury 1/10/14. He has been treated with chiropractic therapy, physical therapy, shock wave therapy and medications. The current request is for Flurb (NAP) cream LA (flurbiprofen 20%/Lidocaine 5% Amltriptyline 5% 180gm. 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, Flurb (NAP) cream LA (flurbiprofen 20%/Lidocaine 5% Amltriptyline 5% 180gm 2-3 times day is not indicated as medically necessary.

gabacycltram (babapentin 10%/Cyclobenzaprine 6%/Tramadol 10%)180gm 1-2 times per day: Upheld

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

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

Decision rationale: This 37 year old male has complained of right shoulder pain and bilateral knee pain since date of injury 1/10/14. He has been treated with chiropractic therapy, physical therapy, shock wave therapy and medications. The current request is for gabacycltram

(gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%)180gm 1-2 times per day. 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 (gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) 180gm is not indicated as medically necessary.

Tramadol 50mg q 12 prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 37 year old male has complained of right shoulder pain and bilateral knee pain since date of injury 1/10/14. He has been treated with chiropractic therapy, physical therapy, shock wave therapy and medications to include opioids since at least 11/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.