

Case Number:	CM15-0047710		
Date Assigned:	03/19/2015	Date of Injury:	07/29/2011
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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 injured worker is a 51 year old female patient, who sustained an industrial injury on 07/29/2011. A primary treating office visit dated 01/12/2015, reported subjective complaints of cervical spine, bilateral shoulders, bilateral wrists/hands, bilateral elbows pain along with headaches. Objective findings showed cervical spine with spasm, tenderness to the bilateral paraspinals from C2 to C7. The following test/maneuvers were found with positive results: axial compression bilaterally, distraction bilaterally and shoulder depression bilaterally. The right brachioradialis reflex was decreased. Her shoulders showed post surgical scars on the right. There was spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Speeds, supraspinatous and had spasms, tenderness to bilateral anterior wrists and thenar eminences. Tinel's, Bracelet and Phalen's were positive bilaterally. Diagnostic impressions noted: cervical spondylosis without myelopathy, rotator cuff syndrome bilateral shoulders, lateral epicondylitis bilateral elbows, carpal tunnel syndrome with nerve entrapment, tendinitis/bursitis of bilateral wrist/hands and aftercare for surgery of the right shoulder, right elbow and right wrist. The plan of care noted, obtain magnetic resonance imaging results for review, pending possible epidural injections and psychological evaluation. The following prescriptions refilled this visit; Topical Compound cream anti-inflammatory and a analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with ROM and addressing ADLs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit range of motion while addressing ADLs is not necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; rotator cuff syndrome bilateral shoulders; lateral epicondylitis elbows; carpal tunnel syndrome; tendinitis/bursitis of the hands/ wrists. Subjectively, the injured worker has constant pain in the cervical spine activated with movement; constant moderate pain bilateral shoulders; constant moderate pain bilateral wrists and hands; frequent headache; a constant severe pain in the bilateral elbows. Objectively, there is tenderness in the bilateral cervical paraspinal muscle groups; bilateral tenderness in the bilateral upper shoulder muscles and rotator cuffs; stiffness and tenderness over the right medial epicondyle and lateral epicondyle. There is no clinical indication or rationale for a follow-up visit with range of motion testing while addressing ADLs (activities of daily living). Range of motion testing and testing for activities of daily living are not a separately billable function. Consequently, absent clinical documentation to support a follow-up visit with range of motion while addressing activities of daily living, follow-up visit range of motion while addressing ADLs is not medically necessary.

Topical compound (lidocaine 6%/gabapentin 10%/ketoprofen 10%) 180 grams with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, topical lidocaine 6%, gabapentin 10%, ketoprofen 10% #180 g with two 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical ketoprofen is not FDA approved for topical use. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; rotator cuff syndrome bilateral shoulders; lateral epicondylitis elbows; carpal tunnel syndrome; tendinitis/bursitis of the hands/ wrists. Subjectively, the injured worker has constant pain in the cervical spine activated with movement; constant moderate pain bilateral shoulders; constant moderate pain bilateral wrists and hands; frequent headache; a constant severe pain in the bilateral elbows. Objectively, there is tenderness in the bilateral cervical paraspinal muscle groups; bilateral tenderness in the bilateral upper shoulder muscles and rotator cuffs; stiffness and tenderness over the right medial epicondyle and lateral epicondyle. There are no diagnoses compatible with a neuropathic etiology. There are no symptoms and signs compatible with a neuropathic etiology. Topical gabapentin is not recommended. Topical ketoprofen is not FDA approved for topical use. Lidocaine and non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (ketoprofen, gabapentin and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, topical lidocaine 6%, gabapentin 10%, ketoprofen 10% #180 g with two refills is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical lidocaine 6%, gabapentin 10%, ketoprofen 10% #180 g with two refills is not medically necessary.

Topical compound (flurbiprofen 15%/cyclobenzaprine 2%/baclofen 2%/lidocaine 5%) 180 grams with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, topical Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5% #180 g with two 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended.

Lidocaine in non-lidoderm form is not recommended. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; rotator cuff syndrome bilateral shoulders; lateral epicondylitis elbows; carpal tunnel syndrome; tendinitis/bursitis of the hands/wrists. Subjectively, the injured worker has constant pain in the cervical spine activated with movement; constant moderate pain bilateral shoulders; constant moderate pain bilateral wrists and hands; frequent headache; a constant severe pain in the bilateral elbows. Objectively, there is tenderness in the bilateral cervical paraspinal muscle groups; bilateral tenderness in the bilateral upper shoulder muscles and rotator cuffs; stiffness and tenderness over the right medial epicondyle and lateral epicondyle. There are no diagnoses compatible with a neuropathic etiology. There are no symptoms and signs compatible with a neuropathic etiology. Topical cyclobenzaprine is not recommended. Topical baclofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine, baclofen and lidocaine) that is not recommended is not recommended. Consequently, topical Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5% #180 g with two refills is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5% #180 g with two refills is not medically necessary.