

Case Number:	CM15-0054841		
Date Assigned:	03/30/2015	Date of Injury:	07/21/2011
Decision Date:	05/15/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 36-year-old female who reported an injury on 07/21/2011. The mechanism of injury involved heavy lifting. The current diagnoses include right shoulder impingement syndrome, right elbow medial epicondylitis, right wrist pain, lumbar spine sprain and lumbar radiculopathy. The injured worker presented on 07/17/2014 for a followup evaluation with complaints of burning right shoulder and elbow pain, right wrist pain and spasm and low back pain. Upon examination of the right shoulder, there was tenderness to palpation at the supraspinatus muscles with diminished range of motion. Examination of the right elbow and wrist also revealed tenderness to palpation over the medial and lateral epicondyle, as well as the carpal bones, tenderness at the CMC joint, limited range of motion of the right elbow and wrist and diminished sensation in the C5-T1 dermatomes of the right upper extremity. Motor strength was 4/5 in the bilateral upper extremities. Examination of the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles and gluteus muscles, slightly limited rotation, decreased sensation to light touch in the L4-S1 dermatomes and 5/5 motor strength. Recommendations at that time included a course of physical therapy and chiropractic treatment, as well as continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine cream 5% 100mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Topical Analgesics, Muscle relaxants (for pain), Antispasmodics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended as there is no peer reviewed literature to support their use as a topical product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Synapryn 500ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. There was no documentation of a written consent or agreement for the chronic use of an opioid. Recent urine toxicology reports were not provided. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.

Tabradol 1mg/ml 250ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Topical Analgesics, Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients

with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. It is unclear how long the injured worker has utilized this medication. Guidelines do not support long-term use of muscle relaxants. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.

Ketoprofen cream 20% 165g #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. A compounded cream containing ketoprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically appropriate.