

Case Number:	CM15-0054865		
Date Assigned:	03/30/2015	Date of Injury:	05/02/2013
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 35-year-old male, who sustained an industrial injury on 5/02/2013. Diagnoses include cervical spine radiculitis, right shoulder sprain/strain rule out cuff tear and peripheral neuropathy. Treatment to date has included diagnostics, pain creams, activity modification and acupuncture. Per the Primary Treating Physician's Progress Report dated 2/04/2015, the injured worker reported cervical spine pain and right shoulder pain rated as 7/10 on a visual analog scale. He reports numbness in hands as well as feeling depressed and fatigue. Physical examination revealed tenderness over the cervical paraspinal muscles on palpation. Range of motion of the cervical spine was decreased and painful in all directions. There was spasmodic pain in the right shoulder with decreased, painful range of motion. The plan of care included acupuncture, medications and an injection and authorization was requested for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base, Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base and a Kenalog injection for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injection right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Steroid injections.

Decision rationale: The record indicates shoulder pain related to spasms. There is a diagnosis of shoulder sprain/strain but there are no exam findings or imaging findings to indicate one of the diagnoses required by the ODG for steroid injections including adhesive capsulitis, impingement syndrome or rotator cuff problems. The diagnoses provided in the record state rule out rotator cuff tear but there are no exam findings or imaging studies to suggest a rotator cuff problem is present. Therefore, the request is not medically necessary.

Flurbiprofen 20 percent/Baclofen 10 percent/Dexamethasone 2 percent in cream base #1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: Topical NSAID's such as Flurbiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. However, a compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Therefore, this compounded product is not medically necessary.

Gabapentin 10 percent/Amitriptyline 10 percent/Bupivacaine 5 percent in cream base #1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: Topical gabapentin is not recommended, as there is no peer reviewed literature to support its use. Topical amitriptyline is not discussed in the MTUS. Topical bupivacaine is not specifically addressed in the MTUS but topical lidocaine, which is similar, is. Topical lidocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain

Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this compounded product is not medically necessary.