

Case Number:	CM15-0082608		
Date Assigned:	05/05/2015	Date of Injury:	09/19/2014
Decision Date:	07/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 33-year-old male, with a reported date of injury of 09/19/2014. The diagnoses include shoulder rotator cuff syndrome, shoulder sprain/strain, and left hand sprain/strain. Treatments to date have included an MRI of the left shoulder which showed partial-thickness tear of the anterior supraspinatus and paralabral cyst, x-rays of the left shoulder, and oral medication. The comprehensive pain management consultation dated 03/06/2015 indicates that the injured worker complained of left shoulder and arm pain. He rated the pain 6-7 out of 10 without medications, and 3-4 out of 10 with medications. He also complained of left hand pain, which was rated 6-7 out of 10 without medications and 3-4 out of 10 with medications. The injured worker also had loss of sleep due to pain. A physical examination of the shoulder showed tenderness to palpation over the left acromioclavicular joint, left subacromial region, left greater tubercle; tenderness and myospasm palpable over the left rotator cuff muscles; positive impingement and supraspinatus tests in the left shoulder; and decreased left shoulder range of motion in all planes. An examination of the wrist/hand showed tenderness to palpation in the left hand. The treating physician requested cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% #120, Capsaicin 0.025%/Flurbiprofen 14%/Gabapentin 10%/Menthol 2%/Camphor 2% #180, eighteen chiropractic treatment sessions for the left shoulder, and eighteen physical therapy sessions for the left shoulder. On 04/01/2015, Utilization Review (UR) modified the request for chiropractic treatment to nine sessions and physical therapy sessions to ten sessions since the injured worker reported shoulder pain; and denied the request for both of the compound medications because topical pain medications are largely experimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent/Gabapentin 15 Percent/Amitriptyline 10 Percent (Grams) Qty 120: 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 rationale: Regarding the request for Cyclobenzaprine 2 Percent/Gabapentin 15 Percent/Amitriptyline 10 Percent, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested topical compound cream containing cyclobenzaprine is not medically necessary.

Capsaicin .025 Percent/Flurbiprofen 15 Percent/Gabapentin 10 Percent/Menthol 2 Percent/Camphor 2 Percent (Grams) Qty 180: 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 rationale: Regarding the request for Capsaicin .025 Percent/Flurbiprofen 15 Percent/Gabapentin 10 Percent/Menthol 2 Percent/Camphor 2 Percent, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Therefore, topical compound containing gabapentin is not medically necessary.

Physical Therapy (Left Shoulder) (Sessions) Qty 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Specifically for impingement and rotator cuff issues, 10 sessions of PT are recommended. The 18-visit request exceeds the amount of PT recommended by the CA MTUS and ODG. There is no provision for modification of the current request in the independent medical review process. Given this, the current request for physical therapy is not medically necessary.

Chiropractic (Left Shoulder) (Sessions) Qty 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Section Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement, can further session be supported. Therefore, this request for 18 sessions of chiropractic care is excessive and is not medically necessary.