

Case Number:	CM14-0183131		
Date Assigned:	11/10/2014	Date of Injury:	04/24/2014
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28-year-old female who sustained an injury on 4/24/14. As per the 9/29/14 report, she complained of persistent pain in the left shoulder. Her pain was rated at 8/10, and worse with activities and overwork and better with medication. Left shoulder exam revealed decreased ROM with painful arc over 135; tenderness over the acromioclavicular joint as well as over the subscapular region, decreased strength 4/5 with flexion and abduction, and positive empty can sign. Left shoulder MRI dated 8/15/14 showed a grade II-III down-sloping of the acromion process and mild bone bruising involving the distal clavicle and mild tendinopathy of the rotator cuff and low-grade SLAP lesion. She is currently on Tramadol. The patient has a possible superior labrum tear on the MRI, although the majority of her pain was in the posterior parascapular musculature consistent with myofascial pain and given this she was not considered a surgical candidate just yet. She was recommended formal physical therapy two times a week for the left shoulder and parascapular muscles to include all treatment modalities. If this does not work, then arthroscopy for the left shoulder was recommended to confirm whether or not a superior labrum tear is present. She has sufficient oral medication and takes Tramadol (Ultram) only at night on an as needed basis as it makes her a little bit queasy and she is working with restrictions. Flurbiprofen/Cyclobenzaprine/Menthol cream was recommended to provide her with additional pain relief. She continues with chronic pain in her left shoulder and she has been intolerant to other treatment including therapy, activity restrictions, medications, and home exercises. Keratek gel was also prescribed to maintain her painful symptoms, restore activity levels and aid in functional restoration. Diagnoses include left shoulder strain, chronic left parascapular strain, and left shoulder superior labrum tear. The request for Physical therapy, twice weekly for the left shoulder, QTY: 12 was modified to PT for left shoulder QTY 6 and

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/14%) 18gm, QTY: 1 was denied on 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly for the left shoulder, QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and upper arm, Physical Therapy

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines for shoulder impingement syndrome, allow 10 PT visits over 8 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no documentation of any improvement in the objective measurements (i.e. pain level, range of motion, strength) with previous therapy. There is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Furthermore, the requested number of PT visits would exceed the guidelines recommendation in this case. Therefore, the request is not medically necessary in accordance to guidelines.

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/14%) 18gm, QTY: 1: Upheld

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

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel); other formulations are considered experimental and are not FDA approved. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one

drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.