

<b>Case Number:</b>	CM14-0072403		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 37-year-old who reported an injury on 03/07/2014. The mechanism of injury occurred due to cumulative trauma. The injured worker's diagnoses included right shoulder joint subacromial bursitis, right shoulder rotator cuff tendinitis and impingement, right wrist ganglion cyst and rule out right carpal tunnel syndrome. The injured worker's past treatments included urine drug screens, medications and a steroid injection of the right shoulder. His diagnostic exams included an electromyography study of the bilateral wrist and X-rays. The injured worker's surgical history was not clearly indicated in the clinical notes. On 03/27/2014, the injured worker complained of constant pain to the right shoulder that increased with rotation and reaching overhead. The injured worker also reported instability of the right shoulder as well as clicking and grinding sensations. He rated his right shoulder pain as 10/10. The injured worker also complained of right wrist and hand pain which he stated increased in intensity with repetitive flexion, grasping, gripping, pushing, pulling and opening up bottles. Also, the injured worker complained of bilateral foot pain that radiated into his toes and is associated with numbness and tingling, as well as swelling. He rated the pain in his feet at 5/6-10. The physical exam revealed tenderness to touch of the right shoulder on the lateral aspect of the shoulder joint. There was also notation of decreased range of motion of the right shoulder with flexion being 70 degrees, extension being 30 degrees, abduction being 70 degrees, adduction being 30 degrees and internal rotation being 60 degrees. There was also a positive Hawkins test and on examination the right wrist revealed a ganglion cyst on the radial side of the anterior aspect of the right wrist. The injured worker's medications included Naprosyn 550 mg. The treatment plan consisted of the a steroid injection to the right subacromial area and subacromial bursa, the continued use of Naprosyn 550 mg, continued physical therapy as recommended and the request for a compound analgesic cream for symptomatic relief of the right shoulder. A request was

received for retrospective steroid injection to the right subacromial area and subacromial bursa and a decision for compound cream containing Tramadol, Gabapentin, Capsaicin, Camphor and Menthol. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 04/11/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Steroid Injection to the Right Subacromial Are and Subarcromial Bursa:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter- Steroid Injection

**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 request for a retrospective request steroid injection to the right subacromial area and subacromial bursa is not medically necessary. The Official Disability Guidelines recommend steroid injections based the injured worker meeting the criteria for use. The criteria for the use of steroid injections includes the documentation of diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems; evidence that the injured worker's pain was not controlled adequately by recommended conservative treatments after at least 3 months; documentation that pain interferes with functional activities; the intended use for short term control of symptoms to resume conservative medical management; evidence that the procedure will be performed without fluoroscopic guidance; and the use of only 1 injection per sessions. Based on the clinical notes, the injured worker complained of right shoulder and right wrist pain, which he rated 10/10 on the pain scale. The clinical notes failed to indicate that the injured worker participated in any conservative activities, such as physical therapy and the use of NSAIDs. The use of steroid injections is contingent on documentation that the injured worker's pain was not adequately controlled by conservative methods. Also, the clinical notes failed to indicate that the injured worker had difficulties performing functional activities. A diagnosis of right shoulder rotator cuff tendinitis and impingement would be supported for the use of steroid injections by the guidelines. However, the clinical notes fail to identify that the injured worker would be returning to conservative medical management, as there was no indication of physical therapy or the use of NSAIDs noted on the clinical notes. Therefore, due to lack of documentation indicating that the injured worker had decreased functional abilities, that his pain was not controlled adequately by conservative methods and the indication that the injured worker did not have a chance to participate in conservative therapy as he was only 20 days post injury at the time of the injection, the request is not supported. Thus, the request for retrospective steroid injection to the right subacromial area and subacromial bursa is not medically necessary.

**Compound Cream containing: Tramadol, Gabapentin, Capsaicin, Camphor, and Menthol:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

**Decision rationale:** The request for a compound cream containing: Tramadol, Gabapentin, Capsaicin, Camphor, and Menthol is not medically necessary. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. As for Gabapentin, the guidelines do not recommend because there is no peer-reviewed literature to support its use as a topical analgesic. In regard to Capsaicin, the guidelines recommend it's only as an option in patients who have not responded or are intolerant to other treatments. Based on the clinical notes, the injured worker had complaints of right shoulder and wrist pain. His diagnoses included rotator cuff impingement and right wrist ganglion cyst. His diagnoses would not be supported as there is no documentation of neuropathic symptoms as recommended by the guidelines. Also, the clinical notes failed to indicate that the injured worker tried and failed antidepressants and anticonvulsants to warrant the use of topical analgesics. Additionally, the request as submitted did not specify a frequency of use or site of application. Therefore, due to lack of support from the guidelines for the use of Gabapentin and Capsaicin in a topical formulation, and lack of evidence indicating the he failed the use of antidepressants and anticonvulsants, the request is not supported. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Thus, the request for a compound cream containing: Tramadol, Gabapentin, Capsaicin, Camphor, and Menthol is not medically necessary.