

Case Number:	CM14-0140958		
Date Assigned:	09/10/2014	Date of Injury:	04/08/2010
Decision Date:	03/23/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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. 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: Texas

Certification(s)/Specialty: Anesthesiology, 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 61 year old male who presented with pain at several sites, most notably the shoulders and both wrists as well as both knees on 4/08/2010. The clinical note dated 09/19/13 indicates the injured worker's past medical history significant for multiple surgeries. The note indicates the injured worker having undergone a left knee arthroscopic surgery in October of 2011, a left shoulder surgery in July of 2012, and a left-sided carpal tunnel release on January of 2013. The note indicates the injured worker having previously undergone acupuncture as well as physical therapy. The injured worker continued with bilateral shoulder pain, bilateral elbow pain, bilateral wrist and hand symptoms as well as complaints in the knees. Upon exam, range of motion deficits were identified at the left shoulder to include 140 degrees of abduction, 145 degrees of flexion, 53 degrees of internal rotation, 55 degrees of external rotation. The injured worker also demonstrated 150 degrees of right shoulder abduction and 150 degrees of flexion with 67 degrees of internal rotation. The injured worker was identified as having a positive Phalen's test bilaterally, right greater than left. The clinical note dated 03/27/14 indicates the injured worker continuing with complaints of chronic pain at the right shoulder and left knee. The note indicates the injured worker having been preparing for a right-sided subacromial decompression. The procedural note dated 04/04/14 indicates the injured worker having undergone an interscalene block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen /Tramadol/ Cyclobenzaprine 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Amitriptyline/ Dextromethophan/ Gabapentin 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

8 sessions of Acupuncture (2x for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Three to six acupuncture sessions is indicated prior to additional sessions being provided. No objective data was submitted confirming the injured worker's positive response manifested by a functional improvement following the patient's previous involvement with acupuncture treatments. Therefore, this request is not indicated.

Functional Capacity Evaluations (F.C.E): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (F.C.E). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg-twc.com/odgtwc/Fitness_For_Duty.htm#Functionalcapacityevaluation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The request for a functional capacity evaluation is not medically necessary. A functional capacity evaluation is indicated for injured workers who have had a prior unsuccessful return to work or conflicting medical findings. No information was submitted regarding the injured worker's previous attempts returning to work. Additionally, no indication or conflicting evidence exists in the submitted documentation. Therefore, the request for a functional capacity evaluation is not indicated at this time.