

Case Number:	CM14-0178523		
Date Assigned:	11/05/2014	Date of Injury:	05/05/2011
Decision Date:	01/16/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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:

This is a 60 year old female with left shoulder injury on 05/05/2011 caused when she was driving and reached with the left upper extremity overhead to reach for a microphone. Initial x-rays were "unremarkable." The actual x-ray report is not in the submitted records. Initially she was prescribed a course of physical therapy and completed six sessions without relief. She was prescribed ibuprofen and released back to work on modified duty. She continued to have pain. In July 2011 she was seen by an orthopedist. MRI (no report in submitted records) of left shoulder was requested. She also received an injection which did not provide any relief. On October 3, 2011 the worker had left shoulder surgery. In December 2011 she returned back to work on modified duty but began experiencing increasing pain after 2 days at work. She was again prescribed another course of physical therapy due to frozen shoulder. In September 2012, a second arthroscopy was performed. In December 2012 the worker returned to modified duty performing keyboard activity until April 2013. She received multiple injections into the shoulder, the last one occurring on 07/24/2014. The worker received anti-inflammatory medications, Voltaren gel and Bengay. She was also referred for psychological consult and had recently attended the first session. She was also referred to a chiropractor who was discontinued due to non-authorization from the insurance carrier. She had not attempted acupuncture. Medical and surgical history included hypertension, diabetes and breast cancer. On 9/24/14, she was seen by her treating physician reporting her history of shoulder and knee problems. Physical exam revealed moderate pain over the left anterior glenohumeral joint. She had a positive Crank's sign with internal rotation, positive Neer's sign and positive empty can sign. Abduction and flexion was 90 degrees. Motor strength was 5/5 throughout both upper extremities except for bilateral shoulders at 4/5 Hoffmann's sign was negative bilaterally. Sensation was normal in upper extremities. Phalen's reverse Phalen's and compression signs were negative bilaterally.

Diagnoses included status post left rotator cuff injury with repair, left adhesive capsulitis, and depression. On 09/24/2014 the provider requested lidocaine 4% gel #1 with 6 refills, diclofenac 1% gel # 1 with 6 refills and Thermacare patch # 60 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% gel #1 with 6 refills prescribed 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker there was insufficient evidence to show neuropathic pain from the notes available for review. Although she had been using topical lidocaine previously, there was also no report found showing functional benefit with its continual use. Also, if there was a history of neuropathic pain, then regardless, there was no evidence of having tried first-line therapies for neuropathic pain. Therefore, considering all of the above, the topical lidocaine is not medically necessary to continue.

Diclofenac 1% gel #1 with 6 refills prescribed 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and

systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker there was insufficient evidence to show functional benefit with the chronic use of the diclofenac gel. Also, there was no evidence found in the documents provided explaining why topical NSAIDs were used instead of oral NSAIDs. Also, since it seems that the purpose of this medication was for her shoulder, which is not an approved use for this medication yet, and considering all of the other reasons discussed above, the diclofenac gel will be considered medically unnecessary to continue.

Thermacare patch #60 with 6 refills prescribed 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (updated 08/27/14), Thermotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The MTUS ACOEM Guidelines state that for shoulder injuries, heat may be used at home for pain relief from muscle pain. Special devices for the application of heat do not demonstrate superior efficacy over simpler heat applications. In the case of this worker, heat is certainly a reasonable option for her shoulder injury pain and limited function. However, there are other less expensive and reusable methods for applying heat which are equally effective. Therefore, the Thermacare patch is not medically necessary.