

Case Number:	CM14-0214031		
Date Assigned:	12/31/2014	Date of Injury:	07/03/2014
Decision Date:	03/16/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old female who reported an injury on 07/03/2014. The mechanism of injury was an automobile accident. Diagnoses include cervical sprain, left shoulder sprain and left shoulder impingement. Past treatments were noted to include medications and topical analgesia and 8 sessions of physiotherapy. On 11/03/2014, it was noted the injured worker had pain to her neck and left shoulder. Upon physical examination, it was noted the injured worker had tenderness to the left shoulder and decreased range of motion measuring 70 degrees of internal rotation and reached to T12. Current medications were noted to include Motrin, topical analgesic cream and a muscle relaxant. The treatment was noted to include medications, topical analgesic cream, chiropractic therapy, stretching and strengthening exercises and ice packs. A request was received for physical therapy twice a week for 4 weeks for the left shoulder; cyclobenzaprine 7.5 mg #90; Protonix 20 mg #60; tramadol ER 150 mg #60; compound: NPCI gabapentin 10%/amitriptyline 10%/bupivacaine 5% cream 30 gm; and compound: MPHCCI Flurbiprofen 20%/baclofen 5%/dexamethasone 2%/menthol 2%/camphor 2%/capsaicin 0.025% cream 30 gm without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the left shoulder: 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: The request for physical therapy twice a week for 4 weeks for the left shoulder is not medically necessary. According to the California MTUS Guidelines physical medicine is recommended to restore function, such as range of motion and motor strength. The guidelines indicate that no more than 10 visits should be medically necessary, unless exceptional factors are notated. The clinical documentation submitted for review indicated the injured worker participated in 8 sessions of physiotherapy and had slightly decreased range of motion to her left shoulder. There is no documentation noting exceptional factors or a rationale indicating why the injured worker was unable to participate in an independent home exercise program to restore the remaining deficits to her left shoulder. Consequently, the request is not supported. As such, the request for physical therapy twice a week for 4 weeks for the left shoulder is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants (for pain) Page(s): 64.

Decision rationale: The request for cyclobenzaprine 7.5 mg #90 is not medically necessary. According to the California MTUS Guidelines, the use of cyclobenzaprine is not to exceed 3 weeks. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication or its efficacy. Consequently, the request is not supported. Additionally, the request does not specify duration and frequency of use. As such the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. According to the California MTUS Guidelines proton pump inhibitors, such as Protonix, are recommended for those with a history of a risk for gastrointestinal events. The clinical documentation

submitted for review did not note such indications nor an efficacy of this medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a duration or frequency of use. As such, the request for Protonix 20 mg #60 is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for tramadol ER 150 mg #60 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication nor was a urine drug screen provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for tramadol ER 150 mg #60 is not medically necessary.

Compound: NPCI - Gabapentin 10% / Amitriptyline 10% / Buprivacaine 5% cream 30 grams: 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): 111-112.

Decision rationale: The request for compound: NPCI, gabapentin 10%/amitriptyline 10%/bupivacaine 5% cream 30 gm is not medically necessary. According to the California MTUS Guidelines topical analgesics are recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The guidelines indicate that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines state that gabapentin is not recommended as there is no evidence reporting its topical use. The clinical documentation submitted for review did not indicate that the injured worker had tried and failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications in the compounded product is not recommended. Consequently, the request is not supported. Moreover, the request does not specify duration, frequency and body region this is to be applied to. As such, the request for compound: NPCI, gabapentin 10%/amitriptyline 10%/bupivacaine 5% cream 30 gm is not medically necessary.

Compound: MPHCCI Flurbiprofen 20% / Baclofen 5% / Dexamethasone 2% / Menthol 2% / Camphor 2% / Capsaicin 0.025% cream 30 grams: 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): 111-112.

Decision rationale: The request for compound: MPHCCI Flurbiprofen 20%/baclofen 5%/dexamethasone 2%/menthol 2%/camphor 2%/capsaicin 0.025% cream 30 gm is not medically necessary. According to the California MTUS Guidelines topical analgesics are recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines state that topical NSAIDs are recommended for osteoarthritis or tendinitis for the elbow and knee. It is also noted that the only FDA approved topical NSAID is diclofenac. Baclofen is not recommended for topical use. Capsaicin is recommended for those who have not responded or are intolerant to other treatments. The clinical documentation submitted for review did not indicate the injured worker had tried and failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications in this compounded product is not recommended, thereby deeming the entire product not recommended. Consequently, the request is not supported by the evidence based guidelines. Moreover, the request does not specify duration, frequency or body region this is to be applied to. As such, request for compound: MPHCCI Flurbiprofen 20%/baclofen 5%/dexamethasone 2%/menthol 2%/camphor 2%/capsaicin 0.025% cream 30 gm is not medically necessary.