

Case Number:	CM15-0006373		
Date Assigned:	02/18/2015	Date of Injury:	09/30/2010
Decision Date:	07/08/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 41-year-old female, who sustained an industrial injury on 9/30/2010. She reported pain in both hands along with numbness and weakness. Diagnoses have included lumbar spine sprain/strain, lumbar spine muscle spasm, lumbar spine herniated nucleus pulposus (HNP) with tear, bilateral shoulder sprain/strain status post right shoulder surgery in 2011, left shoulder tendinitis and bilateral wrist carpal tunnel syndrome. Treatment to date has included aquatic therapy, physical therapy, chiropractic treatment, acupuncture and medication. According to the progress report dated 10/27/2014, the injured worker complained of cervical, lumbar and bilateral shoulder pain. She stated that her bilateral wrist and hand pain had increased, with increasing weakness. Exam of the lumbar spine revealed tenderness to palpation and decreased range of motion. Exam of the bilateral wrists revealed tenderness to palpation, weakness and decreased range of motion primarily of the left wrist. Authorization was requested for Aqua Therapy Relief (DME), Tramadol and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base 210 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy relief (DME): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter; Shoulder Chapter; Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG Shoulder section, Cold packs and Continuous-flow cryotherapy.

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for shoulder pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute shoulder pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, this request for cryotherapy was prescribed to be used by the worker for nonsurgical treatment. There was no evidence found in the notes to suggest that it was for the purpose of post-surgical use. Therefore, there is no supportive evidence to within reason approve this. The request is not medically necessary at this time. Using manual and simpler methods of applying cryotherapy (cold packs) are a more reasonable choice.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base 210 grams: 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, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental, especially combination or compounded medication preparations, 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. Topical baclofen and other muscle relaxants are considered non-recommended by the MTUS Guidelines as well due to their lack of supportive data. In the case of this worker, a topical combination analgesic (flurbiprofen/baclofen/dexamethasone) was prescribed which contains a non-recommended medication, and therefore the request is not medically necessary.