

Case Number:	CM15-0115717		
Date Assigned:	06/23/2015	Date of Injury:	03/24/2014
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 35-year-old male who sustained an industrial injury on 03/24/2014. Diagnoses include left shoulder rotator cuff syndrome, status post left shoulder arthroscopy, rule out new tear of the left shoulder. Treatment to date has included medications and physical therapy. MRI of the left shoulder on 4/2/15 showed mild supraspinatus and infraspinatus tendinopathy, mild subacromial and subdeltoid bursitis and slight superior anterior and inferior glenoid labrum without a labral tear. According to the progress notes dated 5/14/15, the IW reported persistent pain in the left shoulder rated 8/10. He also reported right shoulder pain rated 3-4/10. On examination of the bilateral shoulders, range of motion was decreased, worse on the left. There was tenderness and hypertonicity of the trapezius muscles. Muscle strength was 5/5 with flexion and 4/5 with abduction and external rotation. There were no sensory deficits. He was taking only Motrin for pain. A request was made for 12 sessions of physical therapy for the left shoulder due to the pathology, persistent pain and decreased function; one MRI of the right shoulder to rule out internal derangement; and Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%, 180gms as an adjunct to better manage pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker completed 18 post-surgical physical therapy sessions in late 2014. Due to the injured workers increase in pain of the left shoulder and length of time since last physical therapy session, additionally sessions are reasonable. However, this request for 12 additional sessions exceeds the recommendations of the guidelines, therefore, the request for 12 sessions of Physical Therapy for Left Shoulder is determined to not be medically necessary.

MRI (magnetic resonance imaging) Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, the injured worker complains of only minimal right shoulder pain and the only significant finding in examination is a slight decrease in ROM. This request does not meet the criteria of the guidelines. The request for MRI (magnetic resonance imaging) right shoulder is determined to not be medically necessary.

Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Section Topical NSAIDs Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Baclofen, as a topical product. As at least one of the medications in the requested compounded medication is not recommended, the request for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4%, 180 gm is determined to not be medically necessary.