

Case Number:	CM15-0119054		
Date Assigned:	06/29/2015	Date of Injury:	10/18/2011
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 63 year old female who sustained an industrial injury on 10/18/11 with current complaints of pain in both shoulders and both knees. Diagnoses are bilateral shoulder strain/pain, bilateral shoulder tendinitis, right shoulder impingement syndrome, status post right shoulder surgery with residuals, bilateral knee sprain/strain, rule out bilateral knee internal derangement, and rule out bilateral knee meniscal tear. A progress note dated 8/15/14 notes acupuncture was recommended. Bilateral shoulder and knee pain were noted and a surgical consult appointment was scheduled. In a progress report dated 5/11/15, the primary treating physician notes pain in shoulders bilaterally is rated as 7/10 which has decreased from 8/10 on the last visit. Pain in the right knee is at 6/10 which has decreased from 8/10 at the last visit and the left knee is at 5/10 which has decreased from 6/10 at the last visit. Bilateral shoulder exam reveals grade 2 tenderness to palpation and restricted range of motion. Bilateral knee exam reveals grade 2 tenderness to palpation and restricted range of motion. She has completed 6 sessions of physical therapy. The treatment plan is to continue physical therapy, a urine drug screening, Cyclobenzaprine, Tramadol, and topical medications were prescribed for neuropathic pain. The work status is that she remains temporarily totally disabled until her next follow-up evaluation in 4 weeks. The requested treatments are physical therapy two times a week for six weeks for bilateral shoulders, Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.02%, Capsaicin 0.025%/Hyaluronic Acid 0.2% cream base 210 grams, and Tramadol (Ultram) 50 mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6 wks for Bilateral shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents on 05/11/15 with bilateral shoulder pain rated 7/10, right knee pain rated 6/10, and left knee pain rated 5/10. The patient's date of injury is 10/18/11. Patient is status post unspecified right shoulder surgery. The request is for PHYSICAL THERAPY 2X WK X 6 WKS FOR BILATERAL SHOULDER. The RFA is dated 05/11/15. Physical examination dated 05/11/15 reveals grade 2 tenderness to palpation of the bilateral shoulders and knees with restricted range of motion noted in all extremities. The patient is currently prescribed a compounded topical cream, Flexeril, and Ultram. Diagnostic imaging included unremarkable shoulder radiographs dated 04/08/15. Per 05/11/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for 12 additional physical therapy sessions for this patient's knee and shoulder complaints, the provider has exceeded guideline recommendations. Progress note dated 05/11/15 indicates that this patient has completed 6 PT sessions directed at her knee/shoulder complaint. MTUS guidelines allow for a maximum of 10 physical therapy sessions for chronic knee pain, the 12 requested in addition to those already completed exceeds these recommendations. Therefore, the request IS NOT medically necessary.

Flurbiprofen 20 percent/Baclofen 5 percent/Camphor 2 percent/Menthol 2 percent/Dexamethasone Micro 0.02 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: The patient presents on 05/11/15 with bilateral shoulder pain rated 7/10, right knee pain rated 6/10, and left knee pain rated 5/10. The patient's date of injury is 10/18/11. Patient is status post unspecified right shoulder surgery. The request is for FLURBIPROFEN 20 PERCENT/BACLOFEN 5 PERCENT/CAMPBOR 2 PERCENT/MENTHOL 2 PERCENT/DEXAMETHASONE MICRO 0.02 PERCENT. The RFA is dated 05/11/15.

Physical examination dated 05/11/15 reveals grade 2 tenderness to palpation of the bilateral shoulders and knees with restricted range of motion noted in all extremities. The patient is currently prescribed a compounded topical cream, Flexeril, and Ultram. Diagnostic imaging included unremarkable shoulder radiographs dated 04/08/15. Per 05/11/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In regard to the request for a compounded cream containing Flurbiprofen, Baclofen, Menthol, and Dexamethasone; the requested cream contains ingredients which are not supported by guidelines as topical agents. Muscle relaxants such as Baclofen are not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Capsaicin 0.025 percent/Hyaluronic acid 0.2 percent cream base 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: The patient presents on 05/11/15 with bilateral shoulder pain rated 7/10, right knee pain rated 6/10, and left knee pain rated 5/10. The patient's date of injury is 10/18/11. Patient is status post unspecified right shoulder surgery. The request is for CAPSAICIN 0.025 PERCENT/HYALURONIC ACID 0.2 PERCENT CREAM BASE 210 GM. The RFA is dated 05/11/15. Physical examination dated 05/11/15 reveals grade 2 tenderness to palpation of the bilateral shoulders and knees with restricted range of motion noted in all extremities. The patient is currently prescribed a compounded topical cream, Flexeril, and Ultram. Diagnostic imaging included unremarkable shoulder radiographs dated 04/08/15. Per 05/11/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the compounded topical cream containing Capsaicin and Hyaluronic acid, the requested formulation is not supported by guidelines. MTUS topical formulation guidelines do not specifically address the use of Hyaluronic acid as a topical agent for chronic pain, and specifically notes that there is little to no research supporting the use of many compounds (such as Hyaluronic acid) topically. Given the lack of guideline support for

topical compounds of this nature, the medical necessity of the requested compound cannot be substantiated. Therefore, the request IS NOT medically necessary.

Tramadol (Ultram) 50mg #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 05/11/15 with bilateral shoulder pain rated 7/10, right knee pain rated 6/10, and left knee pain rated 5/10. The patient's date of injury is 10/18/11. Patient is status post unspecified right shoulder surgery. The request is for TRAMADOL (ULTRAM) 50MG #60. The RFA is dated 05/11/15. Physical examination dated 05/11/15 reveals grade 2 tenderness to palpation of the bilateral shoulders and knees with restricted range of motion noted in all extremities. The patient is currently prescribed a compounded topical cream, Flexeril, and Ultram. Diagnostic imaging included unremarkable shoulder radiographs dated 04/08/15. Per 05/11/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Tramadol for the maintenance of this patient's chronic pain, the request is appropriate. This appears to be the initiating prescription of this medication, as a progress note and point-of-care urine drug screening dated 05/11/15 does not list Tramadol as an active prescription. Utilization review denied this request on grounds that no urine drug screening was provided, and there was no documentation of analgesia attributed to narcotic medications. Though it does not appear from the records provided that this patient had an active prescription for any narcotic medication, and did not show traces of any medications in urine drug screen collected at the time of initiation. Given this patient's continuing shoulder/knee pain, the lack of current narcotic medication utilization, and the unremarkable urine drug screening performed at the time of initiation, the use of this medication is substantiated. The request IS medically necessary.