

Case Number:	CM15-0171828		
Date Assigned:	09/14/2015	Date of Injury:	09/23/2009
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 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 (IW) is a 49 year old male who sustained an industrial injury on 09-23-2009. The injured worker was diagnosed as having a right shoulder tear of the supraspinatus tendon, right elbow tendinitis, and right wrist sprain-and or strain. Treatment to date has included medications, extracorporeal shockwave therapy of the right shoulder, and diagnostic testing inclusive of a cardio-respiratory testing (a Sudoscan on 06/23/2015), a MRI of the right shoulder (06-02-2015) that showed a 2cm intrasubstance tear of the supraspinatus tendon, fluid surrounding the biceps tendon in the bicipital tendon groove that may represent tenosynovitis of the biceps tendon, degenerative spur formation of the acromioclavicular joint, and a horizontal tear of the superior glenoid labrum that extended to the inferior articular margin; a MRI of the right elbow (06-07-2015) that showed bright signal of the extensor tendon at the lateral epicondyle region compatible with lateral epicondylitis and Bright signal of the triceps tendon insertion on the ulna and olecranon process which may represent triceps tendonitis. A urine drug screen on 04-28-2015 was inconsistent with prescribed medications. In the provider notes of 07-28-2015, the worker has right shoulder pain that he rates as a 4 on a scale of 0-10; right elbow pain rated a 3 on a scale of 0-10, and right wrist pain with numbness. The right elbow has tenderness laterally and posteriorly, the right wrist has tenderness at the end range of motion, and the right shoulder has tenderness with decreased range of motion and a positive impingement test. The plan of care included medication prescriptions. A request for authorization was submitted for: 1. Flurbiprofen/Capsaicin/Menthol/Camphor 10/0.025%/2%/1% quantity 120gm. 2. Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% quantity

120gm. 3. Ultracet (Tramadol) 50mg quantity 60. A utilization review decision (08-03-2015) non-approved the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Menthol/Camphor 10/0.025%/2%/1% quantity 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. The claimant was also prescribed another topical NSAID simultaneously. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen is not medically necessary. In this case, the claimant had been on the topical compound for several months in conjunction with oral analgesics. Long-term use is not recommended. Any compound that contains an ingredient that is not recommended is not recommended. Continued use of Flurbiprofen/ Capsaicin/Menthol/Camphor 10/0.025%/2%/1% is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% quantity 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. The claimant was also prescribed another topical NSAID simultaneously. Topical NSAIDS can reach systemic levels similar to

oral NSAIDS. The Ketoprofen is not medically necessary. In this case, the claimant had been on the topical compound for several months in conjunction with oral analgesics. Long-term use is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Any compound that contains an ingredient that is not recommended is not recommended. Continued use of Ketoprofen/ Cyclobenzaprine/Lidocaine 10%/3%/5% is not medically necessary.

Ultracet (Tramadol) 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months. There was no indication of failure of NSAIDS or Tylenol. Long-term use of Tramadol is not recommended for shoulder pain. Continued use of Tramadol is not medically necessary.