

<b>Case Number:</b>	CM15-0172133		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York  
 Certification(s)/Specialty: Internal 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 is a 71-year-old male, who sustained an industrial injury on 10-31-13. The injured worker was diagnosed as having sprain of the shoulder, sprain or strain of the hand, and sprain of the thoracic region. Treatment to date has included medication. A MRI of the left shoulder was obtained on 7-27-15 and revealed complete tears of the supraspinatus and infraspinatus tendons, acromioclavicular osteoarthritis, and glenohumeral osteoarthritis with diffuse labral fissuring and chondromalacia of the labrum. Physical examination findings on 7-15-15 included thoracic spine paraspinal tenderness and lumbar spine tenderness at the paraspinal muscles with spasm. Lumbar spine range of motion was decreased and a straight leg raise was positive on the right. Left shoulder range of motion was decreased and impingement sign and provocative tests were positive on the left. Left wrist extension was decreased and Tinel's and Phalen's tests were positive on the left. Currently, the injured worker complains of pain in the thoracic spine, lumbar spine, left shoulder, and left hand. On 7-15-15 and 8-14-15 the treating physician requested authorization for a single positional MRI of the left shoulder, muscle testing and FCE one baseline for the left shoulder and thoracic, electromyography or nerve conduction velocity for bilateral upper extremities, a single positional MRI of the thoracic region, patient education with virtual medical, Cyclobenzaprine #60, Ibuprofen 600mg #90, Omeprazole 20mg #60, and acupuncture x8 sessions for the left shoulder, left hand, and thoracic region. Other requests included CF25-Cyclobenzaprine 2%, Flurbiprofen 25% compound cream 180g and GAD-Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% compound cream 180g. On 8-8-15, the requests were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Single positional MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of ongoing left shoulder pain. Chart documentation at the time of the requested service fails to show any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for Single positional MRI left shoulder is not medically necessary by MTUS.

**Muscle testing and FCE one baseline for the left shoulder and thoracic:** 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), Fitness for duty, Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs, Low Back Chapter, Computerized range of motion (ROM), Flexibility.

**Decision rationale:** Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. The MTUS is silent on computerized range of motion testing. Per ODG, the relation between lumbar range of motion measures and functional ability is weak or nonexistent. ODG does not recommend computerized range of motion as this should already be a part of a routine musculoskeletal evaluation. Furthermore, the American Medical Association guidelines state that result of computerized measures of lumbar spine range of motion which can be done with inclinometers is of unclear therapeutic value. Chart documentation indicates that the injured worker is undergoing treatment for ongoing pain in the thoracic spine, lumbar spine, left shoulder, and left hand. The medical necessity for range of motion testing other than what should already be incorporated in routine physical examination is not established. Per guidelines, the request for Muscle testing and FCE one baseline for the left shoulder and thoracic is not medically necessary.

**Acupuncture x8 sessions to the left shoulder, left hand and thoracic region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. Per MTUS, acupuncture is not recommended for treatment of hand complains consistent with Carpal tunnel syndrome. Documentation shows that the injured worker complains of chronic left shoulder, left hand, mid and low back pain managed to date with multiple treatment modalities, including physical therapy. There is lack of physician report demonstrating significant objective improvement in pain and physical function. The request for Acupuncture x8 sessions to the left shoulder, left hand and thoracic region is not medically necessary based on the MTUS.

**EMG/NCV for bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Electrodiagnostic studies (EDS), Electromyography (EMG).

**Decision rationale:** MTUS states that electrodiagnostic studies including nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG), may help differentiate between Carpal Tunnel Syndrome (CTS) and other conditions, such as cervical radiculopathy. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the electrodiagnostic studies are negative, tests may be repeated later in the course of treatment if symptoms persist. ODG recommends Electrodiagnostic studies in patients with clinical signs of Carpal Tunnel Syndrome who may be candidates for surgery, but the addition of electromyography (EMG) is not generally necessary. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS), such as when defining whether neuropathy is of demyelinating or axonal type. Documentation reveals that the injured worker complains of chronic left hand pain. Physician report fails to indicate neck complains consistent with cervical radiculopathy to establish the medical necessity for EMG testing. The request for EMG/NCV for bilateral upper extremities is not medically necessary per guidelines.

**Single positional MRI thoracic region:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends x-rays in patients with back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six-weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however,

further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on clinical examination or acute exacerbation of the injured worker's symptoms to support the medical necessity for additional imaging. The request for Single positional MRI thoracic region is not medically necessary per MTUS.

**Patient education with virtual medical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** MTUS and ODG guidelines do not address virtual medical education. Per ODG, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Documentation fails to establish the medical necessity for patient education by virtual methods, when this service can also be provided at routine office visit by the clinician. Per guidelines, the request for Patient education with virtual medical is not medically necessary.

**CF25 - Cyclobenzaprine 2%, Flurbiprofen 25%, compound cream 180gms:** 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:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend the use of topical Cyclobenzaprine (muscle relaxant) and Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for CF25 - Cyclobenzaprine 2%, Flurbiprofen 25%, compound cream 180gms is not medically necessary.

**GAD - Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, compound cream 180gms:** 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:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend the use of

Gabapentin as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for GAD - Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, compound cream 180gms is not medically necessary.

**Cyclobenzaprine #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): Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine #60 is not medically necessary per MTUS guidelines.

**Ibuprofen 600mg #90:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Ibuprofen 600mg #90 is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation supports that the injured worker is over 65 years of age. However, there is no report of history of gastrointestinal events. With the continued use of Ibuprofen not having been approved, the continued use of Omeprazole is no longer indicated. The request for Omeprazole 20mg #60 is not medically necessary per MTUS guidelines.