

Case Number:	CM15-0175476		
Date Assigned:	09/16/2015	Date of Injury:	09/08/2014
Decision Date:	10/19/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/05/2015

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: Emergency 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 43 year old male who sustained an industrial injury on 09-08-2014. Medical records indicate the worker had right shoulder surgery 05-13-2015. The injured worker was diagnosed as right shoulder adhesive bursitis, right shoulder bursitis, right shoulder impingement syndrome, Left shoulder bursitis, left carpal tunnel syndrome, and left wrist tenosynovitis. Treatment to date has included oral and topical pain medications. In the provider notes of 07-20-2015, the injured worker complains of constant moderate achy pain in both shoulders, and frequent moderate left wrist pain with numbness. Motor strength is 5- of 5 bilaterally in the upper extremities and deep tendon reflexes are normal and equal bilaterally at 2- 2. Right shoulder flexion is 150 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 140 degrees, internal rotation is 90 degrees and external rotation is 60 degrees. The left shoulder flexion is 180 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 180 degrees, internal rotation is 90 degrees and external rotation is 90 degrees. There was tenderness to palpation of the internal shoulder on the right with muscle spasms. Neer's is positive Hawkin's is positive. Shoulder apprehension is negative. On the left shoulder there is tenderness to palpation of the lateral shoulder, Hawkin's is positive, Neer's is negative, and shoulder apprehension is positive. The left wrist has normal range of motion with swelling and tenderness to palpation of the volar wrist. The plan of care includes oral and topical medications for pain and urine toxicology monitoring. A request for authorization was submitted on 07-20-2015 for: 1. HM PHCC2 240gm - Flurbiprofen 20%, Baclofen 5 %, Camphor 2%, Menthol 2% Dexamethasone micro 0.2%, Capsaicin 0.0 Qty 12. HNPC1 240 gm-Amitriptyline HCL 10%,

Bupivacaine HCL 5%, Hyaluronic acid 0.2% Qty 13. Post-op right shoulder physical therapy Qty 6 Retrospective Urine toxicology Qty 1A utilization review decision 08-04-2015 approved the right shoulder physical therapy, and the retrospective urine toxicology, and non-approved the two prescriptions of topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

HM PHCC2 240gm - Flurbiprofen 20%, Baclofen 5 %, Camphor 2%, Menthol 2% Dexamethasone micro 0.2%, Capsaicin 0.0 Qty 1: 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: The requested HM PHCC2 240gm - Flurbiprofen 20%, Baclofen 5 %, Camphor 2%, Menthol 2% Dexamethasone micro 0.2%, Capsaicin 0.0 Qty 1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered “highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants”. The injured worker has moderate achy pain in both shoulders, and frequent moderate left wrist pain with numbness. Motor strength is 5- of 5 bilaterally in the upper extremities and deep tendon reflexes are normal and equal bilaterally at 2- 2. Right shoulder flexion is 150 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 140 degrees, internal rotation is 90 degrees and external rotation is 60 degrees. The left shoulder flexion is 180 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 180 degrees, internal rotation is 90 degrees and external rotation is 90 degrees. There was tenderness to palpation of the internal shoulder on the right with muscle spasms. Neer's is positive Hawkin's is positive. Shoulder apprehension is negative. On the left shoulder there is tenderness to palpation of the lateral shoulder, Hawkin's is positive, Neer's is negative, and shoulder apprehension is positive. The left wrist has normal range of motion with swelling and tenderness to palpation of the volar wrist. The treating physician has not documented trials of anti-depressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, HM PHCC2 240gm - Flurbiprofen 20%, Baclofen 5 %, Camphor 2%, Menthol 2% Dexamethasone micro 0.2%, Capsaicin 0.0 Qty 1 is not medically necessary.

HNPC1 240 gm-Amitriptyline HCL 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% Qty 1: 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: The requested HNPC1 240 gm-Amitriptyline HCL 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% Qty 1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered “highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants”. The injured worker has moderate achy pain in both shoulders, and frequent moderate left wrist pain with numbness. Motor strength is 5- of 5 bilaterally in the upper extremities and deep tendon reflexes are normal and equal bilaterally at 2- 2. Right shoulder flexion is 150 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 140 degrees, internal rotation is 90 degrees and external rotation is 60 degrees. The left shoulder flexion is 180 degrees, extension is 50 degrees, adduction is 50 degrees, abduction is 180 degrees, internal rotation is 90 degrees and external rotation is 90 degrees. There was tenderness to palpation of the internal shoulder on the right with muscle spasms. Neer's is positive Hawkin's is positive. Shoulder apprehension is negative. On the left shoulder there is tenderness to palpation of the lateral shoulder, Hawkin's is positive, Neer's is negative, and shoulder apprehension is positive. The left wrist has normal range of motion with swelling and tenderness to palpation of the volar wrist. The treating physician has not documented trials of anti-depressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, HNPC1 240 gm-Amitriptyline HCL 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% Qty 1 is not medically necessary.