

Case Number:	CM15-0175481		
Date Assigned:	10/08/2015	Date of Injury:	05/15/2013
Decision Date:	11/20/2015	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: Texas, Illinois

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 is a 62 year old male, who sustained an industrial injury on 5-15-13. The injured worker has complaints of constant moderate achy neck pain and intermittent right shoulder pain. The injured worker rates the pain level as 8 on a scale of 1 to 10 with one being the lowest and 10 being the maximum level of pain. There is tenderness to palpation of the cervical paravertebral muscles and there is muscle spasm of the cervical paravertebral muscles. There is tenderness to palpation of the anterior shoulder and there is muscle spasm of the lateral shoulder. Neer's and Hawkins is positive. The diagnoses have included sprain of neck; rotator cuff (capsule) sprain; right shoulder bursitis; right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included tramadol; cyclobenzaprine; gabapentin; topical medications; compound topical creams and physical therapy. Right shoulder magnetic resonance imaging (MRI) reveals full thickness rotator cuff tear. The original utilization review (8-4-15) non-certified the request for HMPHCC2 - flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025% , hyaluronic acid 0.2% in cream base; HNPC1 - amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base 240gm and 1 trigger points impedance imaging (TPII).

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPHCC2 - Flurbiprofen 20% / Baclofen 5% / Camphor 2% / Menthol 2% / Dexamethasone Micro 0.2% / Capsaicin 0.025% / Hyaluronic Acid 0.2% in cream base: 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 injured worker sustained a work related injury on 5-15-13. The medical records provided indicate the diagnosis of sprain of neck; rotator cuff (capsule) sprain; right shoulder bursitis; right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included Tramadol; cyclobenzaprine; gabapentin; topical medications; compound topical creams and physical therapy. The medical records provided for review do not indicate a medical necessity for HMPHCC2 - Flurbiprofen 20% / Baclofen 5% / Camphor 2% / Menthol 2% / Dexamethasone Micro 0.2% / Caps. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since the individual agents are not recommended.

HNPC1 - Amitriptyline HCL 10% / Gabapentin 10% / Bupivacaine HCL 5% / Hyaluronic Acid 0.2% in cream base 240gm: 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 injured worker sustained a work related injury on 5-15-13. The medical records provided indicate the diagnosis of sprain of neck; rotator cuff (capsule) sprain; right shoulder bursitis; right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included Tramadol; cyclobenzaprine; gabapentin; topical medications; compound topical creams and physical therapy. The medical records provided for review do not indicate a medical necessity for HNPC1 - Amitriptyline HCL 10% / Gabapentin 10% / Bupivacaine HCL 5% / Hyaluronic Acid 0.2% in cream base 240gm. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since the individual agents are not recommended.

1 Trigger points impedance imaging (TPII): 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) Low Back - Lumbar & Thoracic (Acute & Chronic Trigger point impedance imaging).

Decision rationale: The injured worker sustained a work related injury on 5-15-13. The medical records provided indicate the diagnosis of sprain of neck; rotator cuff (capsule) sprain; right shoulder bursitis; right shoulder impingement syndrome and right shoulder sprain and strain. Treatment to date has included Tramadol; cyclobenzaprine; gabapentin; topical medications; compound topical creams and physical therapy. The medical records provided for review do not indicate a medical necessity for Trigger point impedance imaging. The MTUS is silent on Trigger point impedance imaging; The Official Disability Guidelines does not recommend it. The request is not medically necessary.