

Case Number:	CM15-0036982		
Date Assigned:	03/05/2015	Date of Injury:	11/23/2013
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 Jersey, New York
 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 is a 50 year old, female patient, who sustained an industrial injury on 11/23/2013. A primary treating office visit dated 12/18/2014, reported present complaint of persistent left shoulder pain. The pain is rated an 8 out of 10 in intensity. It is intermittent and frequent and works with overhead activity. She also complains of persistent left elbow pain that gets worse with grasping her hand. She also had right wrist pain. The patient reports the pain controlled by medications. Physical examination found tenderness on palpation of the cervical spine, with spasms of the left trapezius muscle. Range of motion of the cervical spine is limited secondary to pain. Her left shoulder is with well healed scar, benign and with tenderness to palpation of the left AC joint. She is also with limited range of motion secondary to pain. The following diagnoses are applied; cervical sprain/strain with radiculitis; left shoulder strain/sprain; carpal tunnel syndrome on right; avascular necrosis of the right wrist; left elbow lateral epicondylitis; left shoulder osteoarthritis; left shoulder tendinosis, effusion, buristis, myospasms, medication induced gastritis and status post left shoulder arthroscopy. The plan of care involved requesting therapy, orthopedic consultation and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation with Impairment Rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultants; Neck and Upper Back Complaints, Shoulder Complaints, Elbow Disorders and Forearm, Wrist & Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Functional capacity evaluation (FCE).

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. As per ODG guidelines, a functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. And it is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. There is no rationale for ordering this exam. Therefore, the request is considered not medically necessary.

Transdermal Compound Cream: Flurbiprofen 20%/Cyclobenzaprine 4%/ Lidocaine 5%:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics; Neck and Upper Back Complaints, Shoulder Complaints, Elbow Disorders and Forearm, Wrist & Hand Complaints.

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that the patient was unable to tolerate all oral analgesics. Therefore, the request is considered not medically necessary.

