

<b>Case Number:</b>	CM15-0076271		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 is a 57 year old female, who sustained an industrial injury on 12/09/2009. She reported pain in her right shoulder and right hand. Treatment to date has included physical therapy, medications, electrodiagnostic studies and surgery on her right wrist and right shoulder. According to a progress report dated 03/13/2015, the injured worker complained of right hand pain with a pain level of 5 on a scale of 1-10, right shoulder pain rated 4, left wrist pain rated 6 and right elbow pain rated 5. Diagnoses included bilateral carpal tunnel syndrome and bilateral shoulder impingement. Treatment plan included Norco and a topical analgesic consisting of Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in a cream base. The provider's recommendations included MR Arthrogram of the right shoulder. The injured worker was off work for 30-45 days for recovery. She was one week post-op.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Med: Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%  
Hyaluronic Acid 0.2% base cream QTY: 240.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

**Decision rationale:** The requested Compounded Med: Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2% Hyaluronic Acid 0.2% base cream QTY: 240.00, 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 right hand pain with a pain level of 5 on a scale of 1-10, right shoulder pain rated 4, left wrist pain rated 6 and right elbow pain rated 5. The treating physician has not documented trials of anti-depressants or anti-convulsants. 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, Compounded Med: Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2% Hyaluronic Acid 0.2% base cream QTY: 240.00 is not medically necessary.

**MRI arthrogram of the right shoulder QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines MRI Arthrogram, Right Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The requested MRI arthrogram of the right shoulder QTY: 1.00, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has right hand pain with a pain level of 5 on a scale of 1-10, right shoulder pain rated 4, left wrist pain rated 6 and right elbow pain rated 5. The treating physician has not documented exam evidence of labral tear or re-tear of the rotator cuff. The criteria noted above not having been met, MRI arthrogram of the right shoulder QTY: 1.00 is not medically necessary.

**Norco 10/325mg QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg QTY: 120.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right hand pain with a pain level of 5 on a scale of 1-10, right shoulder pain rated 4, left wrist pain rated 6 and right elbow pain rated 5. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg QTY: 120.00 is not medically necessary.