

<b>Case Number:</b>	CM15-0094403		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 36 year old female who sustained an industrial injury on 8/9/13. The injured worker was diagnosed as having right shoulder impingement and right elbow medial epicondylitis. Currently, the injured worker was with complaints of right shoulder and right elbow discomfort. Previous treatments included oral pain medication, non-steroidal anti-inflammatory drugs, topical creams and physical therapy. The injured workers right shoulder pain level was noted as 7/10 and right elbow pain is rated at 6-8/10. Physical examination was notable for pain with range of motion in the cervical spine and right shoulder, cervical spine tenderness noted as well as acromioclavicular joint and trapezius muscle tenderness. The plan of care was for a magnetic resonance imaging and diagnostics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100 MG Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac sodium (Voltaren®, Voltaren-XR®).

**Decision rationale:** The patient presents on 04/14/15 with right shoulder pain rated 6/10, and right elbow pain rated 5/10. The patient's date of injury is 08/09/13. Patient has no documented surgical history directed at these complaints. The request is for Voltaren xr 100mg qty 60. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the anterior right shoulder joint capsule, sternoclavicular joint, and acromioclavicular joint with reduced range of motion in all planes. The provider also notes positive Neer's test, Hawkin's maneuver, and impingement sign to the right shoulder. Right elbow examination reveals tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Effusion and swelling of the left elbow is noted, in addition to decreased sensation along the ulnar nerve distribution. The patient is currently prescribed Tramadol, Voltaren, and a topical compounded cream. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Pain chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) has the following: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, the provider is requesting a prescription of Voltaren for the management of this patient's chronic elbow and shoulder pain. Progress note dated 04/14/15 indicates that this patient was previously prescribed Motrin, however this patient reports a lack of efficacy and functional benefits from its use. The provider is justified in seeking a trial of Voltaren following the failure of Motrin, though should limit the duration of use owing to Voltaren's increased risk profile. Therefore, the request is medically necessary.

**Gabapentin 10 Percent/Ketoprofen 10 Percent/Cyclobenzaprine 4 Percent/Capsaicin .0375 Percent/Menthol 2 Percent/Camphor 2 Percent:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents on 04/14/15 with right shoulder pain rated 6/10, and right elbow pain rated 5/10. The patient's date of injury is 08/09/13. Patient has no documented surgical history directed at these complaints. The request is for Gabapentin 10%, Ketoprofen 10%, Cyclobenzaprine 4%, Capsaicin 0.0375%, Menthol 2%, Camphor 2%; Apply 1-2 grams 3-4x/daily. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the anterior right shoulder joint capsule, sternoclavicular joint, and acromioclavicular joint with reduced range of motion in all planes. The provider also notes positive Neer's test, Hawkin's maneuver, and impingement sign to the right shoulder. Right elbow examination reveals tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Effusion and swelling of the left elbow is noted, in addition to decreased sensation along the ulnar nerve distribution. The patient is currently prescribed Tramadol, Voltaren, and a topical compounded cream. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized

controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Gabapentin: Not recommended." In regard to the request for a compounded cream containing Capsaicin, Cyclobenzaprine, Ketoprofen, Gabapentin, Menthol, and Camphor; the requested cream contains ingredients which are not supported by guidelines as topical agents. Neither Cyclobenzaprine nor Gabapentin are supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.

### **MRI Scan of The Right Elbow: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33-34.

**Decision rationale:** The patient presents on 04/14/15 with right shoulder pain rated 6/10, and right elbow pain rated 5/10. The patient's date of injury is 08/09/13. Patient has no documented surgical history directed at these complaints. The request is for MRI scan of the right elbow. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the anterior right shoulder joint capsule, sternoclavicular joint, and acromioclavicular joint with reduced range of motion in all planes. The provider also notes positive Neer's test, Hawkin's maneuver, and impingement sign to the right shoulder. Right elbow examination reveals tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Effusion and swelling of the left elbow is noted, in addition to decreased sensation along the ulnar nerve distribution. The patient is currently prescribed Tramadol, Voltaren, and a topical compounded cream. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS/ACOEM Practice Guidelines, 2nd Edition, Elbow Complaints (Revised 2007) pages 33-34, Special Studies and Diagnostic and Treatment Considerations lists the criteria for ordering imaging studies. "Criteria for ordering imaging studies are: 1) The imaging study results will substantially change the treatment plan. 2) Emergence of a red flag. 3) Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." In regard to the request for what appears to be this patient's first MRI study of the right elbow, the request is appropriate. The medical records provided do not include any indication that this patient has undergone an elbow MRI to date. Progress note dated 04/14/15 includes documentation of neuropathy in the right upper extremity, swelling and effusion of the elbow, and the failure of conservative measures spanning 3 months. Given this patient's presentation and the persistence of symptoms, the requested imaging study is appropriate and could help identify the underlying pathology. The request is medically necessary.

## **MRI Scan of The Right Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents on 04/14/15 with right shoulder pain rated 6/10, and right elbow pain rated 5/10. The patient's date of injury is 08/09/13. Patient has no documented surgical history directed at these complaints. The request is for MRI scan of the right shoulder. The RFA is dated 04/14/15. Physical examination dated 04/14/15 reveals tenderness to palpation over the anterior right shoulder joint capsule, sternoclavicular joint, and acromioclavicular joint with reduced range of motion in all planes. The provider also notes positive Neer's test, Hawkin's maneuver, and impingement sign to the right shoulder. Right elbow examination reveals tenderness to palpation over the medial epicondyle, lateral epicondyle, and olecranon process. Effusion and swelling of the left elbow is noted, in addition to decreased sensation along the ulnar nerve distribution. The patient is currently prescribed Tramadol, Voltaren, and a topical compounded cream. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg 207- 209 states: "For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms." In regard to the request for what appears to be this patient's first MRI study of the right shoulder, the request is appropriate. The medical records provided do not include any indication that this patient has undergone a shoulder MRI to date. Progress note dated 04/14/15 includes documentation of neuropathy in the right upper extremity, and decreased range of motion in the right shoulder with positive impingement and Hawkin's signs. This patient has been experiencing an increase in her elbow pain for over 3 months, which has been largely unresponsive to conservative measures. Given this patient's presentation and the persistence of symptoms, the requested imaging study is appropriate and could help identify the underlying pathology. The request is medically necessary.