MAXIMUS Federal Services

Case Number:	CM15-0096370		
Date Assigned:	05/26/2015	Date of Injury:	11/01/2011
Decision Date:	06/25/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 was a 53 year old male, who sustained an industrial injury, November 1, 2011. The injured worker was diagnosed with right shoulder impingement syndrome, left shoulder impingement syndrome and is status-post right and left shoulder arthroscopic surgery (surgery Feb 2015). Treatment has included medication (Tylenol #3, Ibuprofen), electro-acupuncture, physical therapy, bilateral shoulder surgery and self-directed exercise at home. According to progress note of April 6, 2015, the injured worker's chief complaint was left shoulder impingement syndrome. The shoulder pain was aggravated by overhear activities, heavy lifting, pushing and pulling. The injured worker was having intermittent pain with left knee which was aggravated by squatting and bending. The pain occurs throughout the day and occasionally at night. There was also intermittent catching about the right knee and had some increased swelling. The injured worker walked with a normal gait and without an assistive device. The physical exam noted tenderness of the medial left joint line, Medial McMurray's test and Lateral McMurray's test and decreased range of motion to the bilateral shoulders. The progress note of April 14, 2015, noted increased left shoulder pain. The injured worker started taking Tylenol #3 for the pain. The treating physician was request an MR Arthrogram of the left shoulder to rule our carpal tunnel syndrome. The treatment plan included left shoulder MR Arthrogram, Flurbl/camp/menthol cream and bio-freeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the left shoulder: Overturned

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202, 207-8. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Shoulder Pain, 2008, Last Reviewed 20102) Lenza M1, Buchbinder R, Takwoingi Y, Johnston RV, Hanchard NC, Faloppa F. Magnetic resonance imaging, magnetic resonance arthrography and ultrasonography for assessing rotator cuff tears in people with shoulder pain for whom surgery is being considered. Cochrane Database Syst Rev. 2013 Sep 24.

Decision rationale: Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. Magnetic resonance arthrography (MR-A) consists of doing a MRI after the direct puncture of the joint and intra-articular injection of diluted gadolinium or saline solution. The MR-A allows for better imaging of articular and tendon pathology when compared to MRI imaging, thus allowing the patient to avoid unnecessary diagnostic arthroscopy and allows for better therapeutic planning. According to the ACR a MR-A of the shoulder is indicated when a rotator cuff injury is suspected in a shoulder joint that has had prior surgery. The provider did specifically state this as the reason for requesting this test. Medical necessity for this procedure has been established. The request is medically necessary.

Flurbi/Caps/Camp/Menthol cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, NSAIDs (non-steroidal anti-inflammatory drug), Topical Analgesics Page(s): 28-9, 67-73, 111-13. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May;41 (2): 64-74.

Decision rationale: Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% Topical Cream is a combination product formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is classified as non-steroidal anti-inflammatory drug (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal

pain. However, long-term use of topical NSAIDs has not been adequately studied. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not recommend for or against its use for chronic pain. Camphor is a topical medication with local anesthetic and antimicrobial properties. The MTUS does not recommend for or against its use for chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties usually formulated as 0.025% for osteoarthritis or 0.075% for neuropathic pain. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. However, there are no evidence-based studies using 0.0375% preparations and no evidence that this higher dose formulation is superior to 0.025%. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient has no documented intolerance to other treatments nor contraindications for use of other approved evidence-based chronic pain medications such as antidepressants, oral NSAIDs or antiepileptic medications. In addition, the patient is already taking an oral NSAID (ibuprofen). Although head-to-head studies of oral and topical NSAIDs show either therapy is appropriate to treat tendon or joint inflammation there is no scientific evidence to support using both simultaneously. In consideration of this later point, there is no indication for adding topical NSAIDs to this patient's treatment regimen. Medical necessity for use of this medication has not been established. The request is not medically necessary.

Biofreeze cream #2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Drugs.com, Biofreeze.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 110-13.

Decision rationale: Menthol (BioFreeze) is a topically used product, available as a cream or gel, and indicated for temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). It is classified as a topical analgesic medication and is noted to have local anesthetic and counterirritant qualities. There is not a clinical practice guideline directing use of this medication. However, the MTUS does note that the use of topical agents to control pain is considered an option in therapy even though there is little to no research to support their use. Additionally the MTUS recommends a trial with topical agents for neuropathic pain only when trials of antidepressants and anticonvulsants have failed and recommends their use for patients with osteoarthritis only when the topical agent is a non-steroidal anti-inflammatory medication. This patient has an inflammatory musculoskeletal condition causing the patient's pain. This is a condition for which the product is advertised to treat and the MTUS has not specifically prohibited its use. The provider has treated the patient with systemic medications without full control of the symptoms. Medical necessity for its use has been established. The request is medically necessary.