
Notice of Independent Medical Review Determination

Dated: 12/4/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 5/7/2010
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004215

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI C-Spine is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI bilateral shoulder is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **shoulder surgeon is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **genetic testing for pain management to prove narcotic testing is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for **pain management referral is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for **terocin is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for **somnicin is not medically necessary and appropriate.**
- 8) MAXIMUS Federal Services, Inc. has determined the request for **laxacin is not medically necessary and appropriate.**

- 9) MAXIMUS Federal Services, Inc. has determined the request for **flurbi is not medically necessary and appropriate.**
- 10) MAXIMUS Federal Services, Inc. has determined the request for **Gabacyclotram is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

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Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 7, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine of August 8, 2013, notable for multilevel low-grade disk bulges and spondylitic changes of uncertain clinical significance; an MRI of the right shoulder of August 8, 2013, notable for complete tear of supraspinatus and infraspinatus tendon with retractions; MRI of the left shoulder, also notable for complete tears of the supraspinatus and infraspinatus tendon with retraction; electrodiagnostic testing of June 25, 2013, notable for bilateral C5, C6, and C7 radiculopathy; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 22, 2013, the claims administrator denied a request for MRI imaging of the bilateral shoulders, denied genetic testing, and denied topical compounds.

The applicant's attorney later appealed, on August 16, 2013.

An earlier clinical progress note of July 16, 2013, is difficult to read, not entirely legible, notable for ongoing complaints of neck pain radiating to bilateral shoulders. The positive electrodiagnostic testing was reviewed. The applicant exhibits significantly diminished shoulder range of motion with flexion to 125 to 130 degrees range bilaterally. Recommendations are made for the applicant to consult a shoulder surgeon, pursue genetic testing, employ topical compounds, obtain MRI imaging of the effected body parts, and remain off of work, on total temporary disability.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for MRI C-Spine:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM guidelines, MRI, pages 177-178, table 8-1 & 8-8, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Special Studies, which is part of MTUS

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, the presence of neurologic compromise, is sufficient evidence to warrant imaging studies in those individuals in whom neck and/or arm symptoms persist. The employee is such an individual with longstanding neck and arm complaints. It is further noted that ACOEM endorses obtaining electrodiagnostic testing as a prerequisite to imaging

studies if the clinical picture is less clear. In this case, the employee did undergo previous positive electrodiagnostic testing which did establish the subsequent need for MRI imaging. Therefore, the original utilization review decision is overturned. **The request for MRI C-Spine is medically necessary and appropriate.**

2) Regarding the request for MRI bilateral shoulder:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM guidelines, MRI, page 208, Tables 9-1 & 9-6, which is part of the MTUS, and Official Disability Guidelines (ODG), Treatment Index, 7th Edition Web (2012), Indications for imaging, Magnetic Resonance Imaging (MRI), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), which is part of MTUS

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, primary criteria for ordering imaging studies include evidence of weakness from massive rotator cuff tear and/or failure to progress in the strengthening progress intended to avoid surgery. In this case, the employee was ultimately described as having large, full thickness rotator cuff tears bilaterally. The employee's limited range of motion and persistent shoulder complaints on the office visit in question did make a case for the MRI imaging of bilateral shoulders. Therefore, the original utilization review decision is overturned. **The request for MRI bilateral shoulder is medically necessary and appropriate.**

3) Regarding the request for shoulder surgeon:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM guidelines, Chapters 8-14, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Surgical Considerations, which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, referral for surgical consultation is indicated in those applicants with clear clinical and radiographic evidence of lesion that is amenable to surgical repair, who has failed to improve strength and range of motion about the shoulder after a programming of strengthening intended to avoid surgery. In this case, the employee does have both the radiographic and clinical evidence of a lesion about the shoulders which is amenable to surgical correction. Therefore the surgery consultation/referral is indicated in this context. Therefore, the original

utilization review decision is overturned. **The request for shoulder surgeon is medically necessary and appropriate.**

4) Regarding the request for genetic testing for pain management to prove narcotic testing:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), 7th Edition (web) 2013, Pain Chapter, Genetic Testing for Opioid addiction, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 42, which is part of MTUS.

Rationale for the Decision:

As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, there is no evidence to support the usage of DNA testing or, by implication, genetic testing for the diagnosis of pain or chronic pain. Therefore, the original utilization review decision is upheld. **The request for genetic testing for pain management to prove narcotic testing is not medically necessary and appropriate.**

5) Regarding the request for pain management referral:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on ACOEM guidelines, which is part of MTUS.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), Surgical Considerations, which is part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 9, referral to a physical medicine practitioner as well as pain medicine practitioner may help resolve symptoms in those applicants in whom there is no clear indication for surgery. In this case, however, the employee appears to be a candidate for shoulder surgery. The shoulder surgery consultation has been certified above. It would be more appropriate for the employee to consult the surgical specialist as opposed to a non-surgical specialist, given the markedly positive shoulder MRI findings referenced above. **The request for pain management referral is not medically necessary and appropriate.**

6) Regarding the request terocin:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 111, which is part of MTUS.

The Expert Reviewer based his/her decision on the Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3), page 47 and Chronic Pain Medical Treatment Guidelines, page 111, which are part of MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are a first line palliative. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1, are "not recommended" and are, per page 111 of MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." **The request for terocin is not medically necessary and appropriate.**

7) Regarding the request for somnicinis:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Chronic Pain chapter, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Official Disability Guidelines, Chronic Pain chapter, medical foods, which is not part of MTUS.

Rationale for the Decision:

The MTUS does not specifically address the topic. As noted in the ODG Chronic Pain chapter, medical foods such as Somnacin are not recommended for treatment of chronic pain. Medical foods are not recommended by the FDA other than in those individuals with a medical condition that has a distinctive nutritive requirement. In this case, however, the employee's chronic pain does not have any specific nutritive requirements. Therefore, the original utilization review decision is upheld. **The request for somnicin is not medically necessary and appropriate.**

8) Regarding the request for laxacin:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the MTUS Chronic Pain Guidelines.

Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 77, which is part of MTUS., and [LAXACIN \(docusate sodium and sennosides\) tablet - DailyMed](https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=0df9abaf-3997) dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=0df9abaf-3997 , which is not part of the

Rationale for the Decision:

While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse prophylactic treatment of constipation in those applicants using opioids,

in this case, however, there is no clear evidence that the employee is in fact using opioids as of the date in question. Earlier handwritten progress notes do not clearly detail the employee's medications or medication profile. An earlier note of May 1, 2013 suggested that the employee is using Zanaflex, Prilosec, and ibuprofen. None of these are opioid drugs. Therefore, there is no clear evidence that the employee is using opioids for which concomitant usage of laxative should be indicated. **The request for laxacin is not medically necessary and appropriate.**

9) Regarding the request for flurbi:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) pg 47, and the Chronic Pain Medical Treatment Guidelines, page 111, which are part of the MTUS.

Rationale for the Decision:

As noted previously, the MTUS-adopted ACOEM Guidelines in chapter 3 deem oral pharmaceuticals are first-line palliative measure. In this case, there is no evidence of intolerance to and/or failure of first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is noted on a prior May 1, 2013 office visit the employee is using oral analgesics, including Motrin and Zanaflex. **The request for flurbi is not medically necessary and appropriate.**

10) Regarding the request for Gabacyclotram:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 111 and 113, which is part of MTUS

Rationale for the Decision:

As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine is specifically recommended for topical use purposes. When one ingredient in the topical compound is not recommended, the entire topical compound is considered to carry an unfavorable rating, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is upheld. **The request for Gabacyclotram is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.