MAXIMUS Federal Services

Case Number:	CM13-0010068		
Date Assigned:	11/08/2013	Date of Injury:	11/20/1988
Decision Date:	07/15/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67-year-old male who has filed a claim for left shoulder impingement syndrome associated with an industrial injury date of November 20, 1988. Review of progress notes indicates increasing pain to the neck, left shoulder, low back, and right knee due to work-related activities. Patient notes difficulty sleeping. Findings include decreased cervical range of motion and tenderness over the cervical musculature. Regarding the left shoulder, findings include positive Hawkins, Speed, and impingement signs; weakness upon shoulder abduction, internal rotation, and external rotation. MRI of the left shoulder dated June 10, 2013 showed focal partial detachment and tear of the anteroinferior labrum; mild-moderate rotator cuff tendinosis without tear; moderate fatty atrophy of the teres minor muscle; moderate arthrosis at the acromioclavicular joint; and type I lateral downsloping acromion narrowing the lateral supraspinatus outlet. Electrodiagnostic study of the upper extremities dated July 19, 2013 was normal. Cervical spine x-ray dated August 06, 2013 showed severe cervical spondylosis. Patient is currently working. Treatment to date has included NSAIDs, muscle relaxants, opioids, Ambien, topiramate, Medrox patches, Terocin cream, TENS, hot and cold wraps, physical therapy, cervical epidural steroid injection, Hyalgan injection to the left shoulder, and right shoulder surgery in July 2012. The patient is a candidate for left shoulder surgery. Utilization review from July 17, 2013 denied the requests for consultation with pain management physician for neck and left shoulder as there is no mention of recent conservative treatment to the neck or shoulder, and there is no documentation of response to analgesic medications; cervical gel collar as the patient is not post surgical, and there is no fracture, listhesis, or instability; Medrox patches as there is no indication that increasing capsaicin over 0.025% would provide any further efficacy; and fluoroscopy of the neck as there is no mention that plain x-ray studies have been

obtained. There is modified certification for the retrospective request for tramadol ER150 mg for #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT PHYSICIAN FOR NECK AND LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient presents with increasing neck and left shoulder pain, and avoids steroid injections due to diabetes. The patient is deemed a candidate for left shoulder surgery. There are no significant changes in the patient's neck and left shoulder condition such as red flag symptoms, or documentation of failure of current therapy. Also, the patient has already been deemed a candidate for left shoulder surgery, which has not yet been carried out. Therefore, the request for consultation with pain management for neck and left shoulder was not medically necessary.

CERVICAL GEL COLLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Collars (cervical).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. In this case, the patient is not in a post-operative state, and there is no documentation regarding cervical fractures or instability. Therefore, the request for cervical gel collar was not medically necessary.

MEDROX PATCHES #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines (Capsaicin, topical ; Salicylate topicals ; Topical analgesics 111) Page(s): 28; 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding a failure of or intolerance to first-line pain medications. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of Capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. Therefore, the request for Medrox patches #20 was not medically necessary.

FLUOROSCOPY OF THE NECK: Upheld

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 (ODG) Neck and Upper Back chapter, Fluoroscopy (for ESI's).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, fluoroscopy is recommended in guiding epidural steroid injections. There is no documentation that the patient will be undergoing cervical epidural steroid injections. Therefore, the request for fluoroscopy of the neck was not medically necessary.

TRAMADOL ER 150MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Users Of Opioids Page(s): 88,89,93.

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

Decision rationale: As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is indicated for moderate to severe pain. It may increase the risk of seizure especially in patients taking SSRIs, TCAs, and other opioids. It may produce serotonin syndrome when used concomitantly with SSRIs, SNRIs, TCAs, MAOIs, and triptans or drugs that impair serotonin metabolism. Patient has been on this medication since at least February 2013. Progress notes indicate that this medication is effective in decreasing pain and increasing functionality, and patient is currently working full-time. Progress notes indicate that the patient is also taking Norco. There is no documentation regarding periodic urine drug screens. Also, additional refills are not indicated unless continued benefits are documented. Therefore, the request for Tramadol ER 150mg #30 with 1 refill was not medically necessary.