

<b>Case Number:</b>	CM13-0020604		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/28/2010
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, hand, wrist, and neck pain reportedly associated with an industrial injury of May 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the right shoulder of October 21, 2010; notable for SLAP lesion, tendonitis, and partial tearing. Electrodiagnostic testing of the bilateral upper extremities of December 12, 2012 was interpreted as negative; MRI imaging of the cervical spine of January 22, 2013 was notable for multilevel degenerative changes and spinal stenosis of uncertain clinical significance. The applicant was also treated with right shoulder decompression surgery, and antidepressant/adjutant medications. Per a utilization review report of September 3, 2013, the applicant has returned to some form of work, the claims administrator certified a request for Pamelor and spine surgery follow up visit, partially certified request for Norco, and denied request for Naprosyn, Prilosec, Terocin, urine drug screen, and laboratory testing. The applicant's attorney later appealed, on September 9, 2013. A May 23, 2013, applicant questionnaire is notable for comments that the applicant is unimproved. The applicant states that he is working full duty. He denies any stomach pain and denies any side effects with medications. He is not receiving any physical therapy or acupuncture. An Agreed Medical Evaluation of July 19, 2013 is notable for ongoing complaints of neck and shoulder pain. It is stated that the applicant is currently working with no restrictions and is using several analgesic agents, both topical and oral. A July 25, 2013 progress note is notable for comments that the applicant is currently using Norco once or twice daily, Pamelor once at night, Naprosyn once a day, Prilosec once a day, and also using topical Terocin. The applicant states that usage of medicati

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrcodone/APAP 10/325, quantity 90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opiods Page(s): 80.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or no reduced pain affected through ongoing opioid usage. The medical records provided for review reflects that the employee has returned to regular duty work. The employee is reporting appropriate analgesia and reduction in pain scores through ongoing Norco usage. Continuing Norco at the rate proposed by the attending provider is indicated and appropriate. The request for Hydrcodone/APAP is medically necessary and appropriate.

**Naprosyn 550mg, quantity 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The Physician Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medications such as naproxen represent the traditional first line of treatment for various chronic pain issues, including a chronic neck, elbow, and shoulder pain present here. As with other drugs, the employee has derived appropriate functional improvement through prior usage of naproxen. The employee has returned to work and is not longer as reliant on medical treatment such as physical therapy and acupuncture as in the past. The request for Naprosyn 550mg, quantity 60 is medically necessary and appropriate.

**Omeprazole 30mg, quantity 60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID induced dyspepsia. In this case, the attending provider has sufficiently

documented the employee's ongoing issues with abdominal pain brought on NSAID usage. The request for Omeprazole 30mg, quantity 60 is medically necessary and appropriate.

**Topical compounded Terocin lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, topical agents and topical compounds such as Terocin are considered "largely experimental." In this case, the employee is using several first line oral analgesics, several of which have been certified through the independent medical review above, including Naprosyn and Norco, effectively obviating the need for topical agents and/or topical compounds. The request for topical compounded Terocin lotion is not medically necessary and appropriate.

**10 urine drug screens:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does endorse urine drug testing in the chronic pain population, the MTUS does not specifically establish parameters for or frequency with which to perform urine drug testing. The Official Disability Guidelines (ODG) Chronic Pain Chapter, urine drug testing topic states that individuals should be categorized into high risk, moderate risk, and/or low risk so as to justify more or less frequent testing. In this case, there has been no such categorization or classification. ODG further notes that the attending provider should clearly state which urine drug tests and/or panels, which he intends to test for along with the request for authorization for testing and/or state how the test would influence the treatment plan. There was no documentation of what urine drug panels or drug tests proposed was attached to the request for authorization. The request for 10 drug screens is not medically necessary and appropriate.

**Creatinine level lab:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, routine monitoring of applicants using NSAIDs chronically includes intermittent CBC testing; liver function testing, and renal function testing. In this case, the employee is using NSAIDs such as Naprosyn chronically along with other analgesics. Obtaining the employee's renal function through a creatinine test is indicated and appropriate. The request for Creatinine level lab study is medically necessary and appropriate.

**Complete blood count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, intermittent CBC testing is part and parcel of routine suggested monitoring for those applicants using NSAIDs chronically. In this case, the employee is using NSAIDs chronically. Obtaining CBC is indicated and appropriate in this context. The request for a complete blood count is medically necessary and appropriate.

**Comprehensive metabolic panel (CMP):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

**Decision rationale:** The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring with those applicants using NSAIDs chronically includes both renal and hepatic function testing. The proposed CMP will include renal and hepatic function test such as ALT, AST, BUN, and creatinine. This is indicated and appropriate given the employee's chronic usage of NSAIDs and opioid analgesics such as Naprosyn and Norco. The request for a comprehensive metabolic panel (CMP) is medically necessary and appropriate.