

Case Number:	CM13-0022805		
Date Assigned:	11/15/2013	Date of Injury:	04/12/2012
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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 Anesthesiology, has Fellowship Trained in Pain 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. 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 61-year-old male who reported an injury on 04/12/2012 with a mechanism of injury that was not provided. The patient was noted to have painful limited range of motion, but improving. The flexion was noted to be 130 degrees and abduction 115 degrees. The diagnosis was stated to be right shoulder full-thickness rotator cuff tear. The request was made for urine specimen, genetic testing for narcotic risk, topical compounds, Terocin 240 gm, flurbiprofen 180 gm, gaba/cyclo/tram 180 gm, unknown physical therapy sessions, follow up with a spinal specialist, Norco 10/325 mg, Ambien 10 mg, Soma, Prilosec, 30 Somnicin, 100 Laxacin, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine specimen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section Page(s): 78.

Decision rationale: The California MTUS indicates that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the necessity for the requested drug screen as there was lack of documentation indicating issues of abuse, addiction, or poor pain control as per California MTUS Guideline recommendations. Given the above, the request for urine specimen is not medically necessary.

genetic testing for narcotic risk: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 90-91. Decision based on Non-MTUS Citation Webster, L. R., & Webster, R. M. (2005). Predicting Aberrant Behaviors in Opioid- Treated Patients: Preliminary Validation of the Opioid Risk Tool. Pain Medicine, 6(6), 432-442.

Decision rationale: The California MTUS, ACOEM, and Official Disability Guidelines do not address genetic testing for narcotic risk. However, California MTUS Guidelines indicate patients should be screened for the risk of addiction prior to initiating opioid therapy. Additionally, per Webster, L. R., & Webster, R. M. (2005), "In a preliminary study, among patients prescribed opioids for chronic pain, the ORT exhibited a high degree of sensitivity and specificity for determining which individuals are at risk for opioid-related, aberrant behaviors." The clinical documentation submitted for review failed to provide the necessity or the rationale for genetic testing for narcotic risk. Given the above, the request for genetic testing for narcotic risk is not medically necessary.

topical compound of Terocin 240gms, flurbiprofen 180gms and GabaCycloTram 180gms:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Flurbiprofen Section, Tramadol , Topical Salicylates , Topical Analgesi. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: The Physician Reviewer's decision rationale: Per [drugs.com](http://www.drugs.com), Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The California MTUS does not specifically address Terocin, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with

topical salicylates. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration." CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended... tramadol is recommended for pain; however, do not recommend it as a first-line oral analgesic..." The clinical documentation submitted for review indicated the use of the creams would be to decrease the need for pain medications. It failed to provide the rationale for the use of tramadol in the compounded product and the patient was noted to be taking oral pain medications. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to recommendations. Additiona

unknown physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical therapy for patients with myalgia and myositis for 9 - 10 visits and for Neuralgia, neuritis, and radiculitis, for 8-10 visits with a transition into a home exercise program. The clinical documentation submitted for review failed to provide the number of sessions being requested and the body part and the diagnosis that was being treated as well as the patient's functional deficits to support therapy. Additionally, it failed to provide the number of sessions the patient has previously participated in and the functional benefit that was received from the physical therapy. Given the above, the request for unknown physical therapy sessions is not medically necessary.

follow up with spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office Visits, online version.

Decision rationale: The clinical documentation submitted for review indicated the request was for a shoulder surgeon. There was lack of documentation indicating there was request for follow-up with a spine surgeon. California MTUS and ACOEM Guidelines do not address follow-up office visits. However, per ACOEM guidelines a referral for "surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms, Activity limitation for more than one month or with extreme progression of symptoms and clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term as well as unresolved radicular symptoms after receiving conservative treatment". To address a follow up visit, application of Official Disability Guidelines is appropriate as per Official Disability Guidelines; the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide the necessity for a follow-up. Given the above and lack of clarification, the request for follow-up spine surgeon is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 75-78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's." There is a lack of documentation indicating the quantity of tablets being requested. Given the above, the request for Norco 10/325 mg is not medically necessary.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem, Ambien, Online Version.

Decision rationale: The California MTUS/ACOEM Guidelines do not address Ambien. Official Disability Guidelines recommend Ambien for short-term use between 2 to 6 weeks for the treatment of insomnia. The clinical documentation submitted for review failed to provide the necessity for the requested medication. Additionally, it failed to provide the documented efficacy of the requested medication and the quantity of medications being requested. Given the above, the request for Ambien 10 mg unknown number of tablets is not medically necessary.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Section Page(s): 29,65.

Decision rationale: The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. The clinical documentation submitted for review failed to provide the necessity and the efficacy of the requested medication. There was a lack of documentation indicating the quantity of tablets being requested. Given the above, the request for Soma is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 69.

Decision rationale: The California MTUS recommends PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia to support the medication. Additionally, it failed to provide the quantity of pills being requested. Given the above, the request for Prilosec is not medically necessary.

thirty (30) Somnicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// sales.advancedrxmgt. com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf](http://sales.advancedrxmgt.com/sales-content/uploads/2012/04/Somnicin-Patient-Info-Sheet.pdf)

Decision rationale: The California MTUS, ACOEM, and Official Disability Guidelines do not address Somnicin. However, per the Somnicin patient information sheet, Somnicin is an oral medication with natural ingredients to help promote sleep. As such, Official Disability Guidelines recommend over the counter medication for sleep, however, tolerance seems to develop within a few days. The clinical documentation submitted for review failed to provide the efficacy of the medication. Additionally, it failed to provide the necessity as there was a request for Ambien for sleep. Given the above, the request for 30 Somnicin is not medically necessary.

100 Laxacin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Section Page(s): 77.

Decision rationale: Per California MTUS when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of constipation. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for 100 Laxacin is not medically necessary.

Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 66,70.

Decision rationale: The California MTUS Guidelines indicate that Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. California MTUS and recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the number of tablets being requested. Given the above, the request for Naprosyn is not medically necessary.