

Case Number:	CM13-0024930		
Date Assigned:	11/20/2013	Date of Injury:	09/25/2009
Decision Date:	01/14/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/16/2013

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. 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 applicant has filed a claim for chronic neck, upper back, and shoulder pain associated with an industrial injury of September 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the injured shoulder on June 18, 2012, notable for tendinosis and osteoarthritis of uncertain clinical and vocational significance; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and work restrictions. An earlier clinical progress note of August 16, 2013 is notable for comments that the applicant reports persistent shoulder and low back pain. The applicant is exercising and working out. He is using Vicodin for flareups. A 2/10 pain is reported. The applicant is asked to continue Cidaflex, Motrin, Elavil, Prilosec, and topical compounds. Work restrictions are again endorsed. Urine drug screening is also sought and apparently performed. The attending provider apparently tested the applicant for approximately 50 to 75 different drugs and metabolites. Confirmatory testing was performed on marijuana, methadone, and methamphetamines even though the original screening tests were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

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

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention of dyspepsia, reflux, and/or heartburn on the August 16, 2013 progress note referenced above. Thus, there is no evidence that the applicant is having issues with dyspepsia for which ongoing usage of Prilosec would be indicated. The request for Prilosec is not medically necessary and appropriate.

TGHot ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines , oral pharmaceuticals are a first line palliative method. In this case, the applicant was described on the September 16, 2013 progress note as employing various oral pharmaceuticals with success, including Motrin, Vicodin, and Elavil, effectively obviating the need for topical analgesics and/or topical compounds such as TG Hot which are per MTUS Chronic Pain Medical Treatment Guidelines largely experimental. The request for TGHot ointment is not medically necessary and appropriate.

urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Drug Testing.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines do support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for performing urine drug testing. As noted in the ODG chronic pain chapter, urine drug testing topic, an attending provider should furnish an applicant's complete medication list and/or list of those urine drug tests and/or drug panels which he is testing for along with the request for authorization. Confirmatory testing is not recommended outside of the emergency department-drug overdose context, it is further noted. In this case, the attending provider did not furnish the applicant's complete medication list along with the request for authorization. The attending provider did not state why he was testing for the drugs and/or panels which he ultimately tested for. The attending provider did not seemingly act on the results of the test. The

attending provider did perform confirmatory testing despite initial negative screening results, in contrast to the ODG injunction not to do so. The request for a urine drug screen is not medically necessary and appropriate.

Cidaflex #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Cidaflex is an amalgam of glucosamine-chondroitin. While the MTUS Chronic Pain Medical Treatment Guidelines do support usage of glucosamine in individuals with knee arthritis, in this case, however, all of the applicant's symptoms pertain to the neck, shoulder, and low back. There is no specific mention made of knee pain or knee arthritis noted on the most recent progress note provided. The request for Cidaflex is not medically necessary and appropriate.