

<b>Case Number:</b>	CM13-0025452		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Orthopedic Surgery 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 58-year-old female injured in a work related accident on 12/18/08. Recent clinical assessment for review includes a 07/29/13 assessment with [REDACTED] where the claimant was with continued complaints of pain about the right shoulder following a right shoulder arthroscopic procedure on 02/15/13. It states that she was doing well in regard to her postoperative rehabilitation, but now her left shoulder is with increasing difficulty as well as constant low back pain with radiating pain to the lower extremities. Physical examination showed the left shoulder to be with painful abduction, limited forward flexion, positive impingement signs, and the lumbar spine to be with spasm tenderness and negative straight leg raising. It stated at that date "a urine specimen was obtained today to monitor her medication use". She was diagnosed with status post right shoulder arthroscopy and with lumbar discopathy. Recommendations at that time were for the continuation of medication management in the form of an Omeprazole, Indocin, Hydrocodone, and a transdermal cream Exoten-C as a topical agent to "affected areas". The treating physician indicates that the medication does include Capsaicin. Clinical imaging in regard to the claimant's shoulder and low back are not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Kronos low back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): s 9, 298, 301.

**Decision rationale:** Based on California MTUS Guidelines, a low back brace would not be indicated. MTUS Guidelines indicate that lumbar supports do not demonstrate lasting benefit beyond the acute phase of symptomatic relief. The claimant is with chronic low back complaints in this case indicating no significant change in symptoms and/or indication why lumbar support or bracing would be indicated at this subacute phase in the clinical course of care. This specific request for a low back brace would not be indicated.

**Request for urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There is no documentation within the record of aberrant behavior or misuse of medications. The chronic role of drug screenings is not indicated. Absence of prior positive testing would fail to necessitate a continued drug-screening regimen in this case.

**Request for prescription of Extocen-C 0.002/10/20% #113.4ml to be applied to the affected area 2-3 times a day:** 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 Section Chronic Pain-Topical Analgesics Page(s): s 111-113.

**Decision rationale:** Based on California MTUS Guidelines, topical agents Exoten-C would not be indicated. Topical agents are noted to be largely experimental based on California MTUS Guidelines with limited documentation of functional benefit or efficacy. Specifically in regard to this agent, the role of Capsaicin is only recommended for claimant's who have not responded or are intolerant to other forms of treatment. The claimant is on a multiple medication regimen with nothing indicating tolerance to other forms of first line agents. This specific request for this topical compound would not be indicated.

**Request for prescription of Hydrocodone/APAP 10/325mg 1 p.o. q6-8h p.r.n. #60:** 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 Section Chronic Pain Page(s): s 76-80.

**Decision rationale:** Based on California MTUS Guidelines, continued role of opioid agents in this case would not be indicated. The claimant's low back complaints appear to be chronic in nature with no documented benefit from opioid therapy that has been utilized. In regard to the claimant's shoulders, her right shoulder is doing well following surgical intervention with the left shoulder with the current diagnosis of impingement for which opioid analgesics are not typically a first line agent. Given the claimant's chronic course of care inclusive of the use of opioids without significant of documentation of benefit, it would fail to continue to necessitate their use.

**Request for prescription of Omeprazole 20mg #100 one p.o. b.i.d. p.r.n:** 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 section Chronic Pain- NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on California MTUS Guidelines, the continued use of omeprazole would not be indicated. The claimant's clinical picture does not present with significant GI risk factor or indication for protective GI supportive agent. The claimant is 58-years-old indications for at risk use for gastrointestinal event would be at age greater than 65, history of peptic ulcer, GI bleeding or perforation, concordant use of aspirin, corticosteroid or anticoagulant, or high dose of multiple nonsteroidal use. Records also would not indicate the continued role of Indocin for this chronic setting. There would be no current risk factors for need of this protective GI agent.

**Request for prescription of Indocin 25 mg one p.o. t.i.d. prn #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Based on California MTUS Guidelines, the role of continued anti-inflammatory agents in the form of Indocin would not be supported. The claimant is with chronic low back complaints and shoulder complaints with documented use of high dose Indocin for quite some time. The continued role of this agent would not be supported based on lack of documented functional benefit and guideline criteria that only recommends the role of short-term use of the lowest dose possible of nonsteroidal agent. This specific request for continued use of Indocin at this chronic stage in course of care greater than five years from injury is not indicated.