

Case Number:	CM13-0036928		
Date Assigned:	12/13/2013	Date of Injury:	12/18/2008
Decision Date:	02/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 claimant is a 58-year-old female who was injured in a work related accident on December 18, 2006. A recent clinical assessment of August 16, 2013 by [REDACTED] documented a current diagnosis of right shoulder impingement status post arthroscopy, lumbar discopathy. Subjectively, there was documented increased complaints of low back pain and the right shoulder was "increasingly bothersome" with examination showing restricted shoulder range of motion on the right and the left with well healed portal sites, positive Neer and Hawkins testing bilaterally. The lumbar evaluation demonstrated negative straight leg raising and painful range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

kronos low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Guidelines indicate that back braces may be used in the short term for acute symptomatic relief, but have no documented or beneficial efficacy in the chronic setting. Since

this patient experiences chronic back pain, the specific request for a low back brace in this case would not be indicated.

urinalysis: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that criteria for a urine drug screen include cocaine or amphetamines on a urine toxicology screen, procurement of opioids from more than one provider on a regular basis, diversion of opioids, urine toxicology screens negative for the prescribed medications on at least two occasions, and/or urine toxicology screens positive on at least two occasions for opioids not routinely prescribed. The medical records do not indicate a subjective complaint, objective finding, or current documentation that would support the acute need of a urinalysis based on these criteria. The specific request in this case would not be indicated or medically necessary.

113.4 ml of Exoten-C 0.002/10/20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Exoten is a combination topical compound that contains Capsaicin, amongst other ingredients. Capsaicin is only indicated as an option in claimants who are nonresponsive or intolerant to other degrees of first line agents. Records in this case do not indicate first line agents being utilized or intolerance to first line agents. The specific continued request of this topical analgesic compound would not be indicated.

60 Hydrocodone/APAP 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The records in this case do not indicate specific improvement with usage of narcotic analgesics. Furthermore, there is documentation in the last clinical assessment by the treating physician that narcotic analgesics had been obtained from multiple suppliers. The MTUS Chronic Pain Guidelines state that discontinuation of opioids would be recommended in the case of a lack of overall improvement in function. Discontinuation should also occur if deviation or

repeated violations of a medication contract are noted. The continuation of opioids for this request thus would not be indicated.

100 Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Indication for use of Omeprazole, a proton pump inhibitor, would first be determined if the patient was at increased risk for gastrointestinal (GI) events. Indications for increased risk would include an age greater than 65 years, a history of peptic ulcer disease, GI bleeding or perforation, and/or concordant use of nonsteroidals, corticosteroids or anticoagulants or high dose multiple nonsteroidal usage. The claimant demonstrates no current risk factor for a GI event. The specific request in this case would not be indicated.