

Case Number:	CM13-0047598		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2008
Decision Date:	03/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 56-year-old male with a date of injury of 8/5/08. The patient's diagnoses include bilateral shoulder strain and sprain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. In a note dated 9/30/13 the patient reportedly had multiple pain complaints involving multiple body parts resulting from injuries from multiple claims. The patient reportedly has numbness and tingling in both arms. The worst areas of pain are reported as left shoulder and low back. The patient reports inability to sleep at night secondary to pain. The patient's pain score is reported as 9/10 with an average of 8/10 with pain medication. MS Contin 30 mg and Dilaudid 4 mg was certified on prior utilization review in February 2013. In the report dated 9/30/2013 there is a request for a mobility scooter based on the patient's report of falling with difficulty getting back up. Additionally there is mention of the patient's inability to use a walker or scooter secondary to shoulder pain. On 9/30/2013 Oxycontin 40 mg 2 PO BID was prescribed. On this date (9/30/13) there is also a subjective report that medication is no longer helping this patient, which is consistent with the reported pain score. There are multiple reports from urine drug testing from 2012 in which the results are consistent with the expected results. There are multiple requests for certification of urine drug screen to assess medication compliance and identify possible drug diversion. The request dates are 3/13/13, 5/7/13, 5/30/13, 6/28/13, 8/15/13 and 9/16/13. There are notes reporting urine drug screens performed in November, September and August of 2013. On 10/21/2013 Oxycontin 40 mg PO Q 6 hours was discontinued. The patient had reportedly previously tried Oxycontin and did not like how it made him feel. On 11/19/2013 there is a re-request for a mobility scooter because patient is unable to support his weight with a cane or walker. Zeel 2 ml/Tramadol 2 ml homeopathic injection is prescribed for treatment of inflammation and pain.

Capsaicin/Baclofen/Ketoprofen is prescribed for transdermal use 3 times a day. Toradol IM 60 mg is prescribed for treatment of acute pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 88-90.

Decision rationale: According to MTUS Guidelines a urine drug screen should be used to assess for the use or presence of illegal drugs. A urine drug screen may be required if there is suspected non-compliance or to avoid misuse/abuse of opioids. Although there are multiple requests for urine drug screens for this patient to assess for compliance and identify drug diversion there is no mention of why the practitioner is suspect of non-compliance or diversion. In addition, there were urine drug screens performed in August, September and November of 2013. With these previously performed urine drug screens there is no discussion of results or mention of rationale for screening and repeat screening for this patient. Therefore, the above listed issue is considered not medically necessary.

Oxycontin 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-92.

Decision rationale: Oxycontin is a controlled release formula of Oxycodone. According to this patient's medical record there was a previous prescription for Oxycontin and the patient reportedly did not like the way it made him feel. For on-going management with opioid medications MTUS recommendations include an assesment of current pain, least reported pain over a period since last assesment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assesment. The California MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not imporve on opioids beyond what is usually required or does not imporve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. There is, however, clear documentation of long term opioid use in this patient (6 months or more). Most recent medical records indicate there has been little to no change in pain, functional status, or improvement in quality of life with opioids. According to MTUS Guidelines opioids should be continued if the patient has improved functioning and pain or has returned to work. Opioids

should be discontinued if there is no overall improvement in function. To this end the patient should be started on a weaning schedule as neither pain nor functional status have improved with opioids. In addition, the patient is reportedly intolerant of Oxycontin. Therefore the above listed issue is not medically necessary.

Capsaicin/Baclofen/Ketoprofen compound: Upheld

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

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

Decision rationale: In general topical analgesics are largely experimental and primarily recommended for neuropathic pain per MTUS Guidelines. Capsaicin specifically is recommended as an option on patients who have not responded to other treatments. Topical Baclofen is not recommended. Ketoprofen is an NSAID and not FDA approved for topical application. Per MTUS Guidelines, any product that is compounded and contains at least one drug that is not recommended is not recommended. Therefore, the above listed issue is considered not medically necessary.

Toradol IM 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, NSAIDS

Decision rationale: Toradol is an NSAID. It is recommended for short term pain management for up to 5 days. An IM dose is typically given for acute pain and then followed by an oral course given over a series of days, 5 at most. In addition, the maximum recommended dose is 40 mg. Toradol is not indicated for chronic painful conditions per MTUS Guidelines and ODG. Toradol is clearly not indicated in this patient with chronic pain. Therefore, the above listed issue is considered not medically necessary.

Zeel 2cc/Trameel 2 cc IM homeopathic injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Clinical Epidemiology, Lancet, British Journal of Pharmacology, Up-to-date.

Decision rationale: Neither the MTUS nor the ODG address either Zeel or Traumeel. Zeel is an injection which consists of botanical, mineral and animal substances. It is classified as a homeopathic combination remedy. It's mechanism of action is not fully known. Traumeel is also classified as a homeopathic combination drug. Although homeopathy is not specifically addressed in the MTUS or the ODG, in general there is a failure to provide strong clinical evidence in favor of homeopathic therapy. This is evidenced by information and journal articles from several reputable sources including The Lancet, The Journal of Clinical Epidemiology and The British Journal of Pharmacology. Evidence suggests homeopathic remedies are no more effective than placebos. Therefore, the above listed issue is considered not medically necessary.

scooter: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: There is evidence of bilateral shoulder pain/sprain and objective evidence of weakness in bilateral upper extremities. There is also documentation of cervical radiculopathy with decreased range of motion and decreased sensation in bilateral upper extremities. According to MTUS Guidelines, a power mobility device is not recommended if the patient has sufficient upper extremity strength to propel a manual wheelchair or if there is a willing caregiver available to provide assistance. This patient does not have a willing caregiver available for assistance as his wife reports being unable to provide mobility support secondary to the patient's weight. It is reasonable to expect this patient does not have sufficient upper extremity strength to propel a manual wheelchair. Therefore, the above listed is considered to be medically necessary.