

<b>Case Number:</b>	CM13-0049662		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/28/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine and Rehabilitation 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 59-year-old female who reported an injury on 08/24/2004. The patient is currently diagnosed with impingement syndrome in the right shoulder, status post labral repair, and impingement syndrome in the left shoulder with acromioclavicular joint inflammation and rotator cuff inflammation, discogenic cervical disease with muscle tightness and facet loading, and polycystic kidney disease. The patient was seen by [REDACTED] on 10/11/2013. The patient reported ongoing neck and bilateral upper extremity pain. Objective findings included tenderness along the rotator cuff, weakness with resisted function, 150 degree abduction on the right, 165 degree abduction on the left, and positive impingement sign. Treatment recommendations included authorization for evaluation of the left shoulder, a psychiatrist consultation, chiropractic treatment, and continuation of current medications including Flexeril, tramadol ER, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of psychiatric complaints upon physical examination on the requesting date of 10/11/2013. On a later date of 11/07/2013, it was documented by [REDACTED] the patient denied any sleep issues and depression symptoms. The medical necessity for a psychiatric consultation has not been established. Therefore, the request is noncertified.

**Flexeril 7.5 mg, Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short term treatment of acute exacerbations in patients with chronic low back pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.

**Tramadol ER 150mg, Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. As satisfactory response to treatment has not been indicated, the current request is not medically appropriate. Therefore, the request is noncertified.

**LidoPro cream 4 oz:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received, the request is noncertified

**Terocin patches, qty 30:** 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 Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received, the request is noncertified.

**X-ray left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the patient has continuously reported ongoing shoulder pain. Physical examination on the requesting date revealed tenderness to palpation with limited range of motion and weakness, along with positive impingement testing. There was no significant change in the patient's physical examination that would indicate a need for radiographic imaging. There is also no documentation of a recent

failure to respond to conservative treatment. The medical necessity for the requested service has not been established. Therefore, the request is noncertified.

**Chiropractor treatment, neck and bilateral shoulders, Qty 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a chronic musculoskeletal condition. Treatment for the low back is recommended with a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist, and hand is not recommended. As per the documentation submitted, the patient has completed 12 chiropractic sessions. The patient was also recently approved for an additional 6 visits. Documentation of any of the patient's previous chiropractic treatment sessions was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for chiropractic treatment x12 sessions exceeds guideline recommendations. Based on the clinical information received, the request is noncertified.

**Flexeril 7.5 mg (retrospective, dispense 10/11/13), Qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short term treatment of acute exacerbations in patients with chronic low back pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. As guidelines do not recommend long term use of medication, the current request is not medically appropriate. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.