

Case Number:	CM13-0060216		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	03/25/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/03/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 59-year-old man with a date of injury of 4/12/12. He was seen by his primary treating physician on 9/24/13 for complaints of 5-9/10 shoulder pain. Aquatherapy, H wave and medications were said to help and stretching also alleviated his pain. A physical exam was not documented but he received a depo-medrol injection to his right shoulder. His diagnosis was right shoulder full thickness rotator cuff tear. The following treatments were ordered and are under review: urine toxicology, genetic testing for narcotic risk, topical compounds and oral medications, H-wave system, physical therapy and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology test between 11/5/13 and 2/19/14: Upheld

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

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

Decision rationale: This injured worker has a history of chronic back pain and right rotator cuff tear. He has had various treatment modalities and medications. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opiod use for pain management and in those

individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed narcotics. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.

1 genetic testing between 11/5/13 and 2/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: uptodate: overview of pharmacogenomics

Decision rationale: Per Uptodate, "Pharmacogenetic testing is available incertain drug classes, and may help doctors to understand why individuals respond differently to various drugs and to make better decisions about therapy. However, the goal of "individualized therapy" based upon pharmacogenetic testing has yet to be realized. There are now FDA (Food and Drug Administration) guidelines as to the use of genetic markers to guide therapy for a variety of agents including codeine. However, in this injured worker, the records do not indicate that he has had difficulty with opioids with regards to response to therapy or adverse side effects. Therefore, the records do not justify the medical necessity for genetic testing. As such, the request is not certified.

1 prescription for Terocin 240ml between 11/5/13 and 2/19/14: 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: Terocin is a topical agent consisting of Menthol 4% and Lidocaine 4%. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED (antiepileptic drug) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA (Food and Drug Administration) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity. As such, the request is not certified.

1 prescription for Flurbi 180grams between 11/5/13 and 2/19/14: 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: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity. As such, the request is not certified.

Somnicin #30 between 11/5/13 and 2/19/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: uptodate: treatment of insomnia

Decision rationale: Somnicin consists of multiple agents including magnesium oxide, melatonin, oxitriptan and tryptophan used in the treatment of insomnia. Per Uptodate, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the insomnia and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity for somnicin. As such, the request is not certified.

Laxacin #100 between 11/5/13 and 2/19/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date : Docusate and Senna -drug information and Management of chronic constipation in adults

Decision rationale: Docusate and senna is a stimulant laxative in combination with a stool softener. Senna is used for the short-term treatment of constipation and it's unlabeled use is to evacuate the colon for bowel or rectal examinations; management/prevention of opioid-induced

constipation. Stimulant laxatives primarily exert their effects via alteration of electrolyte transport by the intestinal mucosa. They also increase intestinal motor activity. In this injured worker, it is not documented whether he has been prescribed an opioid analgesic which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot-S. As such, the request is not certified.

1 prescription for Gabacyclotram 180gm between 11/5/13 and 2/19/14: 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: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not provide clinical evidence to support medical necessity. As such, the request is not certified.

1 continue H-wave system between 11/5/13 and 2/19/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: Per the MTUS, H-wave stimulation (HWT) is recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. In this injured worker, the records do not substantiate that he has failed other conventional therapy and it appears he is already using the H-wave stimulation system but it is not clear for how long and if greater than the one month trial. The records do not justify ongoing H-wave system use. As such, the request is not certified.

Unknown transportation to and from procedure between 11/5/13 and 2/19/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This request is non-specific and the records are not sufficient to allow a real analysis. There are no details in the records as to what the transportation is for and why the injured worker requires coverage for transportation. Unknown transportation to and from procedure between 11/5/13 and 2/19/14 is denied as not medically necessary.

Unknown physical therapy sessions between 11/5/13 and 2/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, aqua therapy has already been used as a modality. The records do not support the medical necessity for unknown physical therapy visits in this individual with chronic back and shoulder pain. As such, the request is not certified.