

<b>Case Number:</b>	CM13-0061763		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/1989
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 4, 1989. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy; and opioid agents. In a Utilization Review Report dated November 11, 2013, the claims administrator denied a request for tramadol, denied a request for Prilosec, denied a request for 12 sessions of manipulative therapy, denied a request for shoulder MRI, denied a urine drug screen, and denied laboratory testing. In a handwritten progress note of October 8, 2012, the applicant was described as having retired from his former place of employment. Urine drug testing was ordered on this date. The applicant reported 6-9/10 pain. The applicant was given refills of Kadian on this date. On October 16, 2013, the applicant presented with multifocal neck, back, and shoulder complaints, 4-6/10. The applicant did exhibit positive provocative testing about the shoulder with positive signs of internal impingement and weakness on manual muscle testing. Authorization for tramadol, Prilosec, 12 sessions of manipulative therapy, MRI imaging of the shoulder and quarterly laboratory testing were sought. The applicant was described as having retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg ninety count with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** Tramadol is a synthetic opioid. According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, either as a result of the industrial or as a result of having retired secondary to age. There is no mention of ongoing reductions in pain and/or improvements in function achieved as a result of ongoing tramadol usage. The attending provider has not incorporated any discussion of medication efficacy into the provided progress note. Therefore, the request for Tramadol 50mg ninety count with two refills is not medically necessary or appropriate.

**Prilosec 20mg thirty count with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is reporting ongoing issues with worsening dyspepsia, either NSAID-induced or stand-alone. Introduction and/or ongoing usage of Prilosec to combat the same is indicated. Therefore, the request for Prilosec 20mg thirty count with two refills is medically necessary and appropriate.

**MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

**Decision rationale:** According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, routine MRI imaging of the shoulder for evaluation purposes without surgical indications is not recommended. In this case, the attending provider is not the applicant's shoulder surgeon. The attending provider, in fact, is pursuing shoulder MRI imaging simply for evaluation purpose without any intent to act on the results of the study and/or pursue a surgical remedy. Therefore, the request for an MRI of the left shoulder is not medically necessary or appropriate.

**Chiropractic manipulation twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the time needed to produce effect following introduction of manual therapy/manipulative therapy is four to six treatments. The twelve session course of treatment proposed here, then, represents treatment at a rate two to three times Chronic Pain Medical Treatment Guidelines parameters. No rationale for treatment this far in excess of the Chronic Pain Medical Treatment Guidelines parameters was provided. Therefore, the request for chiropractic manipulation twice weekly for six weeks is not medically necessary or appropriate.

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, the Chronic Pain Medical Treatment Guidelines does not established specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, however, the attending provider should attach an applicant's complete medication list to the request for authorization for testing, should clearly state which drug tests and/or drug panels he intends to test for, and clearly state when the last time an applicant was tested. In this case, however, the attending provider did not state when the last time the applicant was tested. The attending provider did not state what drug tests and/or drug panels are being sought here. The attending provider did not attach the applicant's complete medication list to the request for drug testing. Therefore, the request for a urine drug screen is not medically necessary or appropriate.

**Laboratory services (CBC, CRP, CHEM 8, hepatic and arthritis panel):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes CBC, renal function testing, and hepatic function testing. The Chronic Pain Medical Treatment Guidelines, however, does not endorse any specific interval for hematologic, renal, and/or hepatic function testing. In this case, while the applicant is not using NSAIDs, the applicant is using tramadol, a synthetic opioid. By analogy, then, the CBC, Chem-8, and/or hepatic function testing portions of the request could have been supported. However, the attending provider did not furnish any rationale so as to justify selection of the CRP and/or arthritis panel components of the request. While the Shoulder Complaints Chapter of the ACOEM Practice Guidelines does acknowledge that test for autoimmune diseases such as an ESR and/or rheumatoid panel can be useful to screen for inflammatory autoimmune source of the joint pain, in this case, however, there is no clearly voiced suspicion of widespread rheumatologic process, inflammatory arthropathy implicating the shoulder joint, and/or other infectious or inflammatory process which could have been detected via the CRP and/or arthritis panels being requested here. Since at least two components of the laboratory testing cannot be supported, the request for Laboratory services (CBC, CRP, CHEM 8, hepatic and arthritis panel) is not medically necessary or appropriate.