

Case Number:	CM13-0066205		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2010
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is an employee of [REDACTED] and has submitted a claim for cervical spine sprain/strain, cervical radiculopathy, and bilateral shoulder torn rotator cuff associated with an industrial injury on May 7, 2010. Treatment to date has included chiropractic care, physical therapy, medications, and home exercise program. A Utilization Review (UR) from December 6, 2013, denied a urine toxicology screen, Norco, Terocin, Flurbi, Somnicin, Laxacin, Gabacyclotram, Pain Management consultation for the cervical spine, consultation with a Spinal Surgeon, H-Wave device, and consultation with a Shoulder Surgeon. Medical records from 2013 were reviewed showing the patient complaining of occasional bilateral shoulder and neck pain as well as numbness over the left fingers. On examination, both shoulders demonstrated tenderness and painful and limited range of motion. The last urine toxicology report was done on October 22, 2013 and previously on September 24, 2013, both of which were consistent with the prescribed medications, which were not specified. A panel QME from September 20, 2013 recommended shoulder surgery to both shoulders, no need for any medical treatment from pain management, psychiatric care, or internal medical on an industrial basis, no need for cervical/thoracic spine epidural injections or cervical spine surgery, and no need for physical therapy as the patient is well educated in home exercises. Topical medications have been prescribed since June 2013 and are noted to help symptoms. MR imaging from August 8, 2013 demonstrated complete tears of the rotator cuff tendons bilaterally and exiting nerve root compromise on the left in the cervical area. Electrodiagnostics from June 25, 2013 showed acute bilateral cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A SHOULDER SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127 and 156.

Decision rationale: In this case, the primary treating physician is an orthopedic surgeon. There was no discussion concerning exclusion of shoulder surgery in the physician's scope of practice. Therefore, the request for consultation with a shoulder surgeon is not medically necessary.

PURCHASE OF AN H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: In this case, there is no indication that the patient has had a previous trial of h-wave therapy. There is also no indication that a TENS unit has been tried previously and has failed to address the patient's pain and disability. There is no discussion concerning the H-wave unit as an adjunct to an evidence-based functional restoration plan. Therefore, the request for a purchase of an H-Wave device is not medically necessary, per CA MTUS criteria.

CONSULTATION WITH A SPINAL SURGEON: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127 and 156.

Decision rationale: In this case, the patient presents with neck pain with left upper extremity numbness and pain. MRI revealed exiting nerve root compromise in the cervical area. Electrodiagnostics demonstrated bilateral cervical radiculopathy. Given symptomatic and anatomic abnormalities as evidenced in the diagnostic studies, the request for a consultation with a Spinal Surgeon is medically necessary, per CA MTUS guidelines.

PAIN MANAGEMENT CONSULTATION FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127 and 156.

Decision rationale: In this case, the patient has notable cervical radiculopathy evidenced from electrodiagnostics and MR imaging. A surgical consult should first be done given the anatomic compromise before pain management as surgery may correct the anatomy and alleviate the symptoms. Therefore, the request for a pain management consultation for the cervical spine is not medically necessary, per CA MTUS.

GABACYCLOTRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AEDs), Muscle Relaxants, Opioids, Topical Compo.

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

Decision rationale: As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, there is little to no research as for the use of anti-convulsants, muscle relaxants, and opioids in compounded topicals. In this case, gabacyclotram topical has been prescribed since June 2013, which contains gabapentin, cyclobenzaprine, and tramadol. The use of anti-convulsants, muscle relaxants, and opioids in topical compounds is not recommended. Therefore, the request for gabacyclotram is not medically necessary.

LAXACIN: 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): 77.

Decision rationale: In this case the patient has been prescribed Laxacin since June 2013 and has not been taking concurrent oral opioids since this time nor has there been any indication that the patient is constipated. Therefore, the request for Laxacin is not medically necessary.

SOMNICIN: 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), Insomnia for Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment

Decision rationale: CA MTUS does not address this topic. Alternative guidelines were used. ODG states that melatonin is used as a treatment for insomnia. In this case, the patient has been

prescribed Somnicin since June 2013. Somnicin is a proprietary blend which contains melatonin. However, the medical reports did not indicate any sleep problems or insomnia in the patient nor was sleep hygiene discussed. Therefore, the request for Somnicin is not medically necessary.

FLURBI: Upheld

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

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

Decision rationale: As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, there is little to no research as for the use of flurbiprofen in compounded products. In this case, flurbiprofen topical has been prescribed since June 2013. The use of flurbiprofen in topical compounds is not recommended. Therefore, the request for flurbiprofen is not medically necessary.

TEROCIN: Upheld

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

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

Decision rationale: As noted on pages 111-113 in the California MTUS chronic pain medical treatment guidelines, there is little to no research as for the use of local anesthetics in compounded products. In this case, Terocin has been prescribed since June 2013. This compounded contains lidocaine 2.5%. The use of local anesthetics in topical compounds is not recommended. Therefore, the request for Terocin is not medically necessary.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: In this case, the patient has not been noted to take Norco previously or any other opioids for that matter. The patient was noted to have taken ibuprofen months prior however; the treatment response to this medication was not clearly described. In addition, the dosage and quantity of Norco were not specified. Therefore, the request for Norco is not medically necessary.

URINE TOXICOLOGY SCREEN: 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) Treatment in Workers' Compensation, 7th Edition, Current Year, Urine Drug Screen

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

Decision rationale: In this case, the progress notes prior to the urine drug screens in September and October did not identify the patient as having any risk factors for aberrant behaviors nor was the patient on any opioids at the time of screening. Therefore, the request for urine toxicology screen is not medically necessary.