

<b>Case Number:</b>	CM14-0004744		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/20/2005
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder pain reportedly associated with an industrial injury of January 20, 2005. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the right shoulder, notable for partial thickness rotator cuff tear; consultation with the shoulder surgeon, was apparently elected to pursue shoulder surgery; earlier cervical spine surgery; and work restrictions. It is unclear whether the patient is in fact working, however. In a utilization review report dated December 17, 2013, the claims administrator approved a request for right shoulder arthroscopy, an assistant surgeon, an Internal Medicine clearance, 12 sessions of postoperative physical therapy, seven days of cold therapy unit rental, and transportation to and from the facility. 40 tablets of Motrin 800 mg were partially certified. The claims administrator did not state whether this was for preoperative use or postoperative use, Medrox patches, Medrox lotion, and a confirmatory urine drug tests were all denied. The patient's attorney subsequently appealed. A November 11, 2013 progress note was notable for comments that the patient reported persistent shoulder pain 6/10. 4/5 shoulder strength is noted with positive signs of internal impingement appreciated. The authorization for shoulder arthroscopy was sought, along with an assistant surgeon, Internal Medicine clearance, a cold therapy unit, transportation, and postoperative rehabilitation. Motrin was apparently endorsed, along with topical Medrox. An earlier note of September 30, 2013 was notable for comments that the patient was using Prilosec, Norco, Tylenol, and ibuprofen at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTRIN 800 MG THREE TIMES A DAY WITH MEALS QUANTITY 90:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Page 49.

**Decision rationale:** In this case, the request in question seemingly represented a postoperative treatment request. The patient was apparently in the process of pursuing shoulder surgery on or around the date of the request, November 11, 2013. Usage of Motrin to combat postoperative pain was indicated, appropriate, and supported by ACOEM. Therefore, the request is/was medically necessary.

**MEDROX PATCHES QUANTITY 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Page 47. As well as Chronic Pain Medical Treatment Guidelines, page 111, Topical Analgesics topic.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the patient is apparently described as using a variety of oral pharmaceuticals to reportedly good effect, including Motrin, extra strength Tylenol, and Norco, effectively obviating the need for topical agents such as Medrox, which have deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**MEDROX LOTION 120 GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, Page 47. As well as Chronic Pain Medical Treatment Guidelines, page 111, Topical Analgesics topic.

**Decision rationale:** Again, the patient's successful usage of what ACOEM Chapter 3, page 47, deems first line oral pharmaceuticals, namely Norco, Tylenol, Motrin, etc., effectively obviates the need for topical agents such as Medrox, which have been deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending

provider has not proffered any patient specific rationale, narrative, or commentary so as to try and offset the unfavorable MTUS recommendations. Therefore, the request is likewise not medically necessary.

**FINAL CONFIRMATION OF URINE DRUG TEST: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic, Urine Drug Testing topic Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish 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, it is incumbent upon the attending provider to furnish the patient's complete medication list along with the request for authorization for testing. The attending provider should also state which drug tests and/or drug panels he intends to test for. Confirmatory testing, ODG notes, is typically not recommended outside of the emergency department drug overdose context. The attending provider should also state when the last time the patient was tested. In this case, however, these criteria were not met. The attending provider did not furnish the patient's complete medication list along with the request for authorization for testing, nor did the attending provider state which drug tests and/or drug panels he intended to test for. The attending provider did not state why confirmatory drug testing was indicated here. Finally, the attending provider did not state when the last time the patient had been tested. Therefore, the request is not medically necessary, for all of the stated reasons.