

Case Number:	CM14-0009286		
Date Assigned:	02/14/2014	Date of Injury:	08/16/2011
Decision Date:	07/22/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 58-year-old who has submitted a claim for status post arthroscopy, right shoulder with residual or recurrent internal derangement; and adhesive capsulitis, shoulder associated with an industrial injury date of August 16, 2011. Medical records from 2012-2014 were reviewed. The patient complained of persistent right shoulder pain and stiffness. Physical examination showed tenderness over the tip of the acromion and supraspinatus tendon. Impingement testing was positive on the right. There was limited range of motion of the right shoulder. Motor and sensory examination was normal. MRI arthrogram of the right shoulder, dated March 15, 2013, revealed mild to moderate rotator cuff tendinosis, attenuation and undermining and partial detachment of articular margin of superior labrum, slight undermining and possible partial detachment of articular margin of posterior labrum and inferior labrum, and focal concavity defect of posterior lateral humeral head of the greater tuberosity, compatible with Hill-Sachs lesion. Treatment to date has included medications, activity modification, and right shoulder arthroscopy. Utilization review, dated January 14, 2014, modified the request to chiropractic treatments qty: twelve to chiropractic treatments right shoulder qty: six to see if there was documented objective evidence of derived functional improvement. On the other hand, the request for urine drug screen qty: 1 was denied because there was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications. The request for continue Keto cream qty: 1 was denied as well because there were no long-term studies of their effectiveness or safety and there was no documentation of the patient's intolerance to oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE CHIROPRACTIC TREATMENT SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommended manipulation therapy for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In addition, ODG allows nine chiropractic sessions over eight weeks. Fading of treatment is recommended to allow self-directed home therapy. In this case, the patient has persistent right shoulder pain due to internal derangement and adhesive capsulitis. The rationale for the present request was no provided. In addition, the request for twelve chiropractic treatment sessions would exceed the recommended number of sessions. Furthermore, the present request failed to specify the body part to be treated. The request for twelve chiropractic treatment sessions is not medically necessary or appropriate.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under ongoing opioid treatment. Also, stated in the ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, the documented rationale for the request was for toxicology compliance. However, submitted medical records did not document any use of opioids or non-compliance from prescribed medications. There was also no suspicion of substance misuse from the physician. The medical necessity has not been established. The request for a urine drug screen is not medically necessary or appropriate.

CONTINUE KETO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. In this case, the other components of the requested cream was not specified. There is no rationale for the need for a topical compounded cream versus first-line pain medications. There were no reports of intolerance or failure of oral medications. Furthermore, the present request failed to specify the quantity to be dispensed. The request to continue Keto cream is not medically necessary or appropriate.