

<b>Case Number:</b>	CM14-0015950		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male who works as a motor coach operator. He has a work injury dated 10/1/13 when he felt a pop while turning the wheel of the bus His diagnoses include right acromioclavicular (AC) joint sprain and right shoulder impingement, cervical strain. Under consideration is a request for 60 Norco 5/325mg; 1 prescription of Ultracin topical compound cream for inflammation; 8 chiropractic treatments to the neck and right shoulder, and 1 Orthostim 4 unit. The prior treatment has included several corticosteroid shoulder injections physical therapy; activity modification; work restrictions; medication management. Per the 1/13/14 initial report of injury documentation that after the patient's injury the patient continued to work, performing his regular duties, and did not immediately report the incident. In October 2013, the pain level in his shoulder was about an 8, and was interfering with work. The pain in his neck was attributed to his right shoulder pain, and a claim was filed. He had x- rays, a cortisone injection with no benefit; six sessions physical therapy with stretching and strengthening exercises/hot and cold packs, electrical muscle stimulation with no benefit; and Hydrocodone was prescribed. He returned to light duties. An MRI of the right shoulder was obtained with the results noted to be not clear due to inflammation. A second cortisone injection was administered with no benefit. In early December 2013, an orthopedic surgeon was reported to have recommended right shoulder surgery. The patient's current medications include Vicodin, Motrin, and Tylenol. Exam findings for the cervical spine revealed slightly forward head carriage, tenderness to palpation over paraspinal and trapezius musculature on right, and the presence of muscle spasm. Axial compression produced localized pain. Range of motion in degrees was decreased in the cervical spine. The patient's right shoulder exam revealed no atrophy, swelling or deformity. Tenderness to palpation was exhibited over the subacromial

region as well as over the acromioclavicular joint and supraspinatus tendon. Impingement and cross-arm testing were positive. Range of motion of shoulders in degrees right/left was as follows: flexion 120/180, extension 35/50, abduction 120/180, adduction 30/50, internal rotation 50/90, and external rotation 70/90. Neurologically, the patient's sensation to pinprick and light touch in his upper extremities was intact. Muscle testing of the major muscle groups of his bilateral upper extremities revealed no weakness although the patient reported slight pain in all planes. Reflexes were normal with a rating of 2+, throughout. He was released to modified duties with no lifting over five pounds, limited turning of neck, and sedentary work only. The treatment plan included Norco; Ultracin topical compound cream for inflammation; 8 chiropractic treatments to the neck and right shoulder, and 1 Orthostim 4 unit. A 12/19/13 office visit states that the patient has now exhausted conservative management. A right shoulder arthroscopy with distal clavicle excision was discussed with the patient. An 11/21/13 physical examination revealed that the cervical spine range of motion is full and pain free. Spurling's maneuver is negative. The right trapezius is somewhat tender. The right shoulder is tender over the acromioclavicular joint. Cross arm adduction test is positive. Speed's and Yergason's tests are negative. O'Brien's test is positive. He has a positive painful arc. Rotator cuff strength is normal in all directions. The treatment plan on this date included a corticosteroid and anesthetic acromioclavicular injection as well as work restrictions. An MRI of the right shoulder from United Medical Imaging dated 11/20/13 demonstrates tendinosis of the supraspinatus as well as marrow edema of the right acromioclavicular joint.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 NORCO 5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ON GOING MANAGEMENT,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Section Page(s): 79-80.

**Decision rationale:** 60 Norco 5/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. According to available documentation, the patient had been utilizing opioid therapy since at least October of 2013 without documented evidence of significant improvement in pain or overall functional improvement. Additionally the MTUS states that documentation should include the 4 A's for Ongoing Monitoring which include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation does not indicate that these domains of ongoing monitoring are being addressed. The documentation does not indicate an updated signed pain contract. The request for 60 Norco 5/325mg is not medically necessary.

## **ULTRACIN TOPICAL COMPOUND CREAM FOR INFLAMMATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics- Salicylate topical- Page(s): 111-113, 105.

**Decision rationale:** 1 prescription for Ultracin topical compound cream for inflammation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Ultracin is comprised of methyl salicylate, menthol, and capsaicin. Methyl salicylate is a topical NSAID. The guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical capsaicin is recommended by the guidelines as an option in patients who have not responded to or who are intolerant to other treatments. In regards to Menthol, the MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded cream Ultracin contains both topical capsaicin and a topical NSAID both of which are not medically necessary for this patient's condition. There is no evidence of intolerance to other treatments. The request for 1 prescription for Ultracin topical compound cream for inflammation is not medically necessary.

## **8 CHIROPRACTIC TREATMENTS TO NECK AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Manipulation Section, and the Shoulder Chapter, Manipulation Section.

**Decision rationale:** 8 chiropractic sessions to the neck and right shoulder are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The MTUS guidelines recommend manual medicine for chronic pain if caused by musculoskeletal conditions. The MTUS does not specifically discuss manual medicine for the shoulder or neck. The ODG states that a trial of 6 chiropractic visits are appropriate for regional neck pain and mild to moderate cervical sprain and more sessions can be added if the patient is demonstrating functional improvement. The ODG states that in regards to shoulder manipulation/chiropractic care it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The request for 8 visits of chiropractic exceeds the recommended visits per guidelines of a chiropractic care and is not medically necessary.

## **1 ORTHOSTIM 4 UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT

STIMULATION (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Section Page(s): 114-121.

**Decision rationale:** One Orthostim 4 Unit is not medically necessary per the MTUS guidelines. OrthoStim unit utilize TENS, interferential current, galvanic and NMES. The MTUS Chronic Pain Medical Treatment Guidelines state that galvanic stimulation is considered investigational for all conditions. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes galvanic stimulation and NMES which are clearly not recommended per the MTUS guidelines. The patient has not had any documentation of stroke. There are no indications for an Orthostim Unit for this patient. Therefore, the request for one Orthostim 4 Unit is not medically necessary.