

Case Number:	CM14-0020907		
Date Assigned:	04/30/2014	Date of Injury:	09/12/2003
Decision Date:	07/22/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

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 & Rehabilitation, Pain Medicine and has a subspecialty in Interventional Spine 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 43 year old with an injury date on 4/21/01. Based on the 2/1/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine pain; s/p cervical metal fusion C5-7 in 2003; 2. cervical spinal stenosis; C3/4 canal stenosis with APD of 7mm. C4/5 canal stenosis with APD of 8mm; 3. bilateral cervical radiculopathy; 4. right shoulder pain; combination of soft tissue inflammation and component of cervical nerve root irritation; 5. mild back pain; 6. myofascial pain of right trapezius muscle; 7. myofascial pain of right infraspinatus muscle; 8. tendonitis of bilateral rhomboid. Exam on 2/1/14 showed "Normal muscle tone/strength except shoulder abductors on left have give-way weakness, and left biceps and right triceps show give-way weakness. C- spine has limited range of motion. L-spine has normal range of motion and no tenderness from T-spine to coccyx. Shoulder has moderate tenderness to palpation at right trapezius and infraspinatus muscle and bilateral rhomboid tendon." [REDACTED] is requesting tendon injections, trigger point injections, EMG bilateral upper extremities, and NCV bilateral upper extremities. The utilization review determination being challenged is dated 2/12/14 and rejects diagnostic studies due to lack of documentation showing need to clarify nerve root dysfunction. [REDACTED] is the requesting provider, and he provided treatment reports from 10/21/13 to 2/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT), Criteria for Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse Page(s): 43, 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation (ODG-TWC), online, Pain chapter for Urine Drug Testing(<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked drug screen on 1/2/14. Patient is currently taking Norco as of 1/13/14. A 9/4/13 urine drug screen was abnormal, with only Carisoprodol showing and 2 other prescribed drugs not showing: Hydrocodone and Zolpidem. On 10/14/13 urine drug screen also abnormal showing codeine and morphine (not prescribed) and failing to show 3 prescribed drugs: Hydrocodone, Carisoprodol, and Zolpidem. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the provider has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. Recommendation is medically necessary.

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Norco 10/325mg #180 but RFA is not included in provided reports. Patient is taking Norco as early as 1/13/14 report, but no evidence of prior usage. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, Recommendation is not medically necessary.

TEROCIN PAIN PATCH BOX (10) PATCHES, #3: 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 Medicine Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation (ODG-TWC), Low Back.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Terocin pain patch box (10) patches #3 on 1/2/14. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS did not discuss Menthol so the Official Disability Guidelines were consulted. Official Disability Guidelines discusses menthol as the active ingredient in Biofreeze which takes the place of ice packs, and is recommended on "acute" low back pain. Patient presents with shoulder and wrist pain, which is not indicated by Official Disability Guidelines for menthol. Therefore, requested Terocin patches with Lidocaine and Menthol are not indicated for patient's condition. Recommendation is not medically necessary.

TEROCIN 240ML (CAPSAICIN 0.025%- MENTHOL SALICYLATE 25%- MENTHOL 10%- LIDOCAINE 2.5%); 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 Medicine Page(s): 111-113.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Terocin 240ml (Capsaicin 0.25% Menthol Salicylate 25% Menthol 10% Lidocaine 2.5%) on 1/2/14. Regarding Terocin, MTUS recommends after failure of antidepressants or anticonvulsants. MTUS further states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, methyl salicylate, capsaicin, menthol, and lidocaine are indicated. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. Recommendation is not medically necessary.

FLURBI NAP CREAM- LA 180GMS (FLURBIPROFEN 20%- LIDOCAINE 5%- AMITRIPTYLINE 4%); 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 Medicine and Salicylate Topical Page(s): 111-113, 105.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Flurbi Nap Cream - LA 180 grams (Flurbiprofen 20% Lidocaine 5% Amitriptyline 4%), but RFA not included in provided reports. Regarding Lidocaine, MTUS recommends after failure of contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Flubiprofen, Lidocaine, and Amitriptyline are indicated. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains lidocaine would not be recommended by MTUS criteria. Recommendation is not medically necessary.

GABACYCLOTRAM 180 GRAMS (GABAPENTIN 10%- CYCLOBENZAPRINE 6%- TRAMADOL 10%): 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 Medicine and Salicylate Topicals Page(s): 111-113,105.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Gabacyclotram 180 grams (Gabapentin 10% Cyclobenzaprine 6& Tramadol 10%) but RFA not included in provided reports. Patient is not currently taking Gabacyclotram and has no evidence of prior usage. Patient is currently taking Norco per 1/13/14 report. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compound Gabacyclotram is also not indicated for use. Recommendation is not medically necessary.

SOMA 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants Page(s): 29,63-66.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked for Soma 350mg #90 but RFA not included in provided reports. A 9/4/13 urine drug screen showed positive for Carisoprodol. 1/13/14 AME also shows patient is currently taking Soma. Regarding Soma, MTUS does not recommend for longer than a 2 to 3

week period. Abuse has been noted for sedative and relaxant effects. In this case, patient has taken Soma for 5 months, which exceeds MTUS guidelines for short-term use. Recommendation is not medically necessary.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation (ODG-TWC), Chronic Pain Chapter online, Zolpidem:(<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>) and Official Disability Guidelines- Treatment in Worker's Compensation, Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The treater has asked Ambien 10mg #30 but RFA not included in provided reports. A 9/4/13 UDS showed positive for carisprodol. 1/13/14 AME shows patient is currently taking Ambien. Regarding Ambien, ODG guidelines recommend for the short-term treatment (2 to 6 week period) of insomnia with difficulty of sleep onset (7-10 days). In this case, patient has been taking Ambien for 5 months and the treater has written prescription for #30, a month supply. ODG only supports it for 7-10 days, short-term. Recommendation is for denial.

GENICIN #90 (GLUCOSAMINE SODIUM 500MG): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Genicin #90 (Glucosamine Sodium 500mg) but RFA not included in provided reports. Regarding glucosamine, MTUS recommends as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, patient presents with peripheral neuropathy and requested glucosamine is indicated for patient's arthritis symptoms. Recommendation is medically necessary.

SOMNICIN #30 (MELATONIN 2MG- 5HTP-50ML- L TYRPTOPHAN 100MG- PYRIDOXINE 10MG- MAGNESIUM 50MG): 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). Pain Chapter, Melatonin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Pain Chapter, online, for Vitamin B.

Decision rationale: This patient presents with right shoulder pain, right wrist pain with numbness/tingling and is s/p 2 right shoulder surgeries and 1 left shoulder surgery from 2005 to 2010. The provider has asked Somnicin #30 (Melatonin 2mg 5HTP 50mg - L tryptophan 100mg - Pyridoxine 10mg - Magnesium 50mg) but RFA not included in provided reports. According to the vendor, Somnicin is a compound of melatonin (2mg), 5-HTP (50mg), L-Tryptophan(100mg), vitamin B6(10mg) and Magnesium (50mg). MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Somnicin contains vitamin B6. MTUS does not discuss vitamin B6, but ODG guidelines pain chapter under Vitamin B, states "not recommended" due to limited data which calls into doubt efficacy in treating peripheral neuropathy. Since one component of the compound Somnicin is not indicated, the whole compound is not indicated. Recommendation is not medically necessary.