

Case Number:	CM14-0041506		
Date Assigned:	08/04/2014	Date of Injury:	11/03/2013
Decision Date:	09/11/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck reportedly associated with an industrial injury of November 3, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture over the course of the claim; and work restrictions. In a Utilization Review Report dated April 4, 2014, the claims administrator approved a request for Cyclobenzaprine, denied a request for Norco, denied a request for Prilosec denied a request for several topical compounded medications, denied a urine drug testing, denied an elbow MRI, denied a shoulder MR arthrogram, approved a follow-up visit, denied an interferential current stimulator device/cold unit, conditionally denied extracorporeal shockwave therapy, conditionally denied physical therapy, and conditionally denied electrodiagnostic testing. The applicant's attorney subsequently appealed. In a July 14, 2014 progress note, the applicant reported unchanged complaints of pain, reportedly well controlled with medications. The applicant had a limited cervical range of motion secondary to pain. Sensation about the upper extremities was intact. Strength about the upper extremities was described as diminished, scored at 2+/5. Positive signs of internal impingement were noted about the right shoulder with limited elbow range of motion secondary to pain. Positive Tinel's sign was noted at the right hand, it appeared. Twelve sessions of chiropractic manipulative therapy, urine drug testing, and a rather proscriptive 15-pound lifting limitation were endorsed. It did not appear that the applicant was working with said limitation in place. On July 14, 2014, the attending provider sought authorization for computerized range of motion testing on numerous body parts. On July 1, 2014, the applicant's shoulder surgeon suggested that the applicant had shoulder bursitis and impingement syndrome. A shoulder arthroscopy was sought on the grounds

that the applicant had failed conservative treatment. On June 2, 2014, the attending provider conducted a review of records and noted that MRI imaging of the cervical spine of April 11, 2014 showed multilevel degenerative changes and disk desiccation of uncertain significance. MRI imaging of the shoulder of April 11, 2014 was also notable for AC joint osteoarthritis and subacromial bursitis with no evidence of a discrete rotator cuff tear. MRI imaging of the elbow of April 11, 2014 was notable for medial epicondylitis, while MRI imaging of the wrist and hand of April 13, 2014 was read as negative. The attending provider suggested that the applicant was off of work on the grounds that the employer was unable to accommodate the applicant's limitations. Additional physical therapy, acupuncture, and extracorporeal shockwave therapy were sought. Naprosyn was endorsed. It was stated that extracorporeal shockwave therapy was being sought for the elbow and shoulder. In an applicant questionnaire dated November 3, 2013, the applicant herself acknowledged that she had no issues with indigestion, reflux, or abdominal pain. In a handwritten note dated January 24, 2014, difficult to follow, not entirely legible, the applicant presented with multifocal complaints of shoulder, elbow, wrist, and hand pain, 2-8/10. MRI imaging of the cervical spine, right elbow, and right wrist was sought, along with MR arthrography of the right shoulder. Preprinted checkboxes were used, with little or no narrative commentary. An interferential unit/cold unit was also endorsed, along with shockwave therapy and physical therapy. The applicant was given rather proscriptive work limitations. Topical compounds were also dispensed. Drug testing was also apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat NSAID-induced dyspepsia, in this case, however, there is no explicit mention of or issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. For instance, on a July 1, 2014 progress note, the applicant specifically denied any stomach burning or dyspepsia. Several other progress notes, also referenced above, likewise made no mention of reflux, heartburn, and/or dyspepsia, either in the body of the report or in the review of systems section. Therefore, the request for Omeprazole is not medically necessary.

1 prescription of FlurLido-A 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Flur-lido agent in question. Therefore, the request is not medically necessary.

1 prescription of UltraFlex-G 30mg: Upheld

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

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

Decision rationale: One of the primary ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), page 10, 32, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Urine Drug Testing.

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 Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, attach the applicant's complete medication list to the request for authorization for testing, and state which drug tests and/or drug panels he intends to test for and why. In this case, however, the attending provider did not state what medication or medications the applicant was taking. The attending provider did not state what drug tests and/or drug panels he intended to test for. Furthermore, the attending provider did not state when the applicant was last tested. Since several Official

Disability Guidelines criteria for pursuit of drug testing were not met, the request is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4, 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 4, MRI imaging for suspected epicondylalgia is "recommended against." In this case, MRI imaging of the elbow did in fact demonstrate tendinosis/epicondylitis of uncertain clinical significance. Per ACOEM, this is a diagnosis which can generally be established clinically. MRI imaging for the same is, per ACOEM, "recommended against." The attending provider's documentation comprised largely of preprinted checkboxes and did not make a compelling case for a variance from ACOEM. Therefore, the request is not medically necessary.

MRA (magnetic resonance arthrogram) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 208, primary criteria for ordering imaging studies include clarification of the anatomy prior to an invasive procedure. In this case, however, as noted above, one of the applicant's treating providers suggested that he intended to pursue a surgical remedy for impingement syndrome/shoulder bursitis owing to the fact that the applicant had failed conservative treatment. Thus, the MR arthrogram in question did not alter the treatment plan. The MR arthrogram in question did not influence the attending provider's decision to pursue or not pursue a shoulder surgery. No rationale for pursuit of the MR arthrogram in question was proffered by the attending provider, who placed the order via preprinted checkboxes, with little or no narrative commentary, and along with orders for three to four MRI imaging studies. Therefore, the request is not medically necessary.

1 Interferential (IF) cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, at-home local applications of heat and cold packs are as effective as those performed by therapist or, by implication, those delivered via high-tech means. There is no exclusive support in ACOEM for provision of high-tech device to deliver cold therapy. Similarly, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that interferential current stimulation is tepidly endorsed on a one-month-trial basis in applicants in whom pain is ineffectively controlled due to medication side effects, pain is ineffectively controlled due to diminished efficacy of medications, and/or history of substance abuse which would prevent provision of analgesic medications. In this case, however, no narrative commentary to support usage of the device in question was proffered by the attending provider in the face of the unfavorable ACOEM and MTUS positions on the same. There was no mention of issues with substance abuse, analgesic medication intolerance, and/or analgesic medication inadequacy here. Therefore, the request is not medically necessary.

Hydrocodone/APAP 2.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for use, Therapeutic Trial of Opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has not recounted or described any improvements in pain or function achieved as a result of ongoing hydrocodone-acetaminophen usage. The applicant, per a handwritten note dated January 24, 2014, continued to report pain in the 2-8/10 range as of that point in time. Continuing Hydrocodone-Acetaminophen, in short, was not indicated. Therefore, the request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 61.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, usage of MRI imaging prior to history and physical examination by a qualified specialist is deemed "optional." In this case, however, the attending provider did not furnish any applicant-specific information, narrative rationale, or narrative commentary which would support the imaging study in question. It was not stated why MRI imaging was being sought here. It was

not stated what was suspected and/or what was sought. The MRI imaging in question, moreover, was ultimately negative and failed to reveal or uncover any evidence of a lesion amenable to surgical correction. Therefore, the request is not medically necessary.