

Case Number:	CM14-0049957		
Date Assigned:	07/07/2014	Date of Injury:	03/01/2010
Decision Date:	09/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/17/2014

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:

This Patient is a 63-year-old female who has submitted a claim for headache, neck sprain / strain, lumbago, lumbar disc protrusion, lumbar sprain / strain, left shoulder internal derangement, bilateral carpal tunnel syndrome, bilateral knee internal derangement, and urinary incontinence associated with an industrial injury date of 03/01/2010. Medical records from 2010 to 2014 were reviewed. Patient complained of left shoulder pain, rated 6/10 in severity, associated with weakness. Pain radiated to the left arm. She also experienced numbness and tingling sensation of both hands. She likewise reported of nausea and vomiting. Physical examination showed well-healed incision. Edema was not evident. Patient was immobilized in an airplane splint. Phalen's test was positive at the right. Dysesthesia was noted at median nerve distribution of right. Treatment to date has included left shoulder arthroscopy and rotator cuff repair on 03/13/2014, acupuncture, physical therapy, and medications such as Ultram, Anaprox, Paxil, Protonix, Fioricet, and topical products. Utilization review from 03/13/2014 denied the request for Orthopedic Consult for Left Shoulder because there was no documentation that diagnostic and therapeutic management had been exhausted within the treating physician's scope of practice. Utilization review from 11/27/2013 denied the request for Internal Medicine Consultation because of insufficient documentation to support the request, denied urine drug screen because there was no evidence that patient had aberrant drug behavior, denied Terocin pain patch, #20 because of absence of trial of first-line therapy, denied Protonix 40 mg #60 because it was not indicated as gastrointestinal prophylaxis when on concurrent NSAID use, and denied Fioricet #60 because there was no evidence that patient had an acute headache. The reason for the denial of 60 mg Toradol injection was not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 127.

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 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, an orthopedic consult was requested. However, it was unclear why a second opinion was needed when patient already underwent left shoulder arthroscopy and rotator cuff repair on 03/13/2014. Patient was last seen by orthopedics service on 04/22/2014 for post-operative assessment - without noted complications. There is no clear rationale for the requested service at this time due to insufficient documentation therefore, the request for Orthopedic Consult for Left Shoulder is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 7, Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, an internal medicine consultation was requested due to gastrointestinal complaints and hypertension. However, medical records submitted and reviewed failed to provide evidence for hypertension due to absence of data on blood pressure. Although patient previously complained of gastrointestinal complaints, symptoms have improved upon prescription of Protonix. There is no clear indication for the requested service at this time therefore, the request for internal medicine consultation is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43,78.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 78 states that urine drug screens are recommended as an option to assess use or presence of illegal drugs and ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes Ultram, Anaprox, Paxil, Protonix, Fioricet, and topical products. Urine drug screen from 03/10/2014 showed consistent results. However, a repeat screening from 03/20/2013 was negative for barbiturates. A repeat testing may be necessary to assess for drug compliance therefore, the request for urine drug screen is medically necessary.

60 mg Toradol injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Ketorolac (Toradol).

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, patient has been complaining of pain at the neck, left shoulder, and bilateral wrists since the industrial injury date of 03/01/2010. However, Toradol is not recommended for chronic pain. Moreover, patient already underwent Toradol injection on January 2014 and September 2013 without noted pain relief or functional improvement therefore, the request for 60 mg Toradol injection is not medically necessary.

Terocin pain patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Terocin patch contains both Lidocaine and Menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG

Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. In this case, patient complained of numbness and tingling sensation at the left arm and bilateral wrists consistent with neuropathic pain. She was initially prescribed Paroxetine, however, symptoms persisted hence this adjuvant therapy of Terocin pain patch since October 2013. Lidocaine in a transdermal formulation is a reasonable option, however, there was no documentation concerning pain relief and functional improvement from its use. The medical necessity cannot be established due to insufficient information therefore, the request for Terocin pain patch, #20 is not medically necessary.

Protonix 40 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, or anticoagulant, or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since October 2013 for gastrointestinal complaints associated with multiple oral medication intakes. The most recent progress report cited absence of gastric complaints hence, PPI provided beneficial effects. The medical necessity for continuing Protonix management has been established therefore, the request for Protonix 40 mg #60 is medically necessary.

Fioricet #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Page(s): 23.

Decision rationale: Fioricet contains butalbital, acetaminophen, and caffeine. As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the patient has been taking Fioricet as far back as October 2013; however, there is no documentation available concerning functional improvements derived from this medication. Fioricet is not recommended for chronic pain. There is no discussion concerning the need for variance from the guidelines therefore, the request for Fioricet #60 is not medically necessary.

