

Case Number:	CM14-0072631		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2013
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 35-year-old male who has submitted a claim for status post right shoulder surgery, lumbar disc protrusion, lumbar facet hypertrophy, lumbar muscle spasm, lumbar foramina narrowing, loss of sleep and psychological component associated with an industrial injury date of 1/15/2013. Medical records from 2014 were reviewed. Patient complained of frequent, severe achy, sharp, burning low back pain associated with stiffness, numbness, and tingling sensation radiating to bilateral lower extremities. Patient likewise reported intermittent, mild, burning right shoulder pain associated with weakness. Patient experienced difficulty sleeping due to pain. He complained of depression, anxiety, and irritability. Anthropometric examination showed that patient's height was 6 feet and weight of 302 pounds with a derived body mass index of 41 kg/m². Range of motion of the lumbar spine and right shoulder was restricted and painful. Tenderness and muscle spasm were evident at para lumbar muscles and bilateral sacroiliac joints. Kemp's test and Neer's test resulted to pain. Urine drug screen from 5/12/2014 showed undetected levels of medications. Urine drug screen from 03/05/2014 showed positive levels for hydrocodone and hydromorphone. Treatment to date has included right shoulder surgery, physical therapy, interferential unit, and medications such as omeprazole, Norco, and Methoderm cream. Utilization review and from 5/13/2014 denied the request for Omeprazole 20mg #60 because there was no indication of any gastrointestinal condition; denied Methoderm Cream #1 tube because there was no medical justification provided for its use; denied Aqua Therapy 2x6 right shoulder due to lack of a clear rationale as to why the patient could not perform land-based therapy; denied IF Unit Purchase because there was no indication that it will be used in conjunction with physical therapy or an ongoing program for functional restoration, and denied urine toxicology screen because the records did not indicate that the patient was at high risk or a medium risk to warrant more frequent drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #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 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, the exact initial date of intake of omeprazole was not known due to lack of documentation. There was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Menthoderm Cream #1 tube: 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 Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Menthoderm gel contains methyl salicylate and menthol. 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, or methyl salicylate, may in rare instances cause serious burns." Regarding the Methyl Salicylate component, CA MTUS states on page 105 that "salicylate topicals are significantly better than placebo in chronic pain. In this case, Menthoderm gel was prescribed to limit oral medication intake. However, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this request. Therefore, the request for Menthoderm cream #1 tube is not medically necessary.

Aqua Therapy 2x6 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient is status post right shoulder surgery (undated). He complained of right shoulder numbness and weakness. Range of motion of the right shoulder was restricted and painful. Neer's test resulted to pain. Anthropometric examination showed that patient's height was 6 feet and weight of 302 pounds with a derived body mass index of 41 kg/m². Guideline criterion of extreme obesity is present. However, patient already underwent physical therapy. There was no documentation concerning total number of sessions completed and functional outcomes. The medical necessity for additional therapy sessions cannot be established due to insufficient information. Therefore, the request for Aqua Therapy 2x6 right shoulder is not medically necessary.

IF Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of low back pain radiating to bilateral lower extremities. Patient likewise reported right shoulder pain. However, there was no discussion concerning failure of current conservative management. There is likewise no evidence of an exercise program that will be used in conjunction with interferential therapy. Moreover, it is unclear if patient already underwent a trial of interferential unit because functional outcomes were not documented. The request likewise failed to specified body part to be treated. It is also unclear why a rental unit can suffice. Therefore, the request for an IF unit is not medically necessary.

Urine Toxicology Test: 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 Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing, Opioids, Tools for Stratification and Monitoring.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that "urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use." Screening is recommended randomly at least twice and up to 4 times a year. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, current treatment regimen includes Norco for low back and right shoulder pain. Patient likewise presented with depression, anxiety, and irritability; hence, he is of moderate risk for aberrant behavior. Urine drug screen from 03/05/2014 showed positive levels for hydrocodone and hydromorphone. A repeat drug screen can be performed to meet guideline recommendation of screening moderate risk patients 2 to 3 times per year. Therefore, the request for Urine Toxicology Test is medically necessary.