

Case Number:	CM14-0076083		
Date Assigned:	08/08/2014	Date of Injury:	04/12/2012
Decision Date:	09/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic Surgery 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 claimant is a 59 year-old gentleman who was injured in a work related accident on April 12, 2012. Records indicate the injury was due to repetitive work, specifically to the right upper extremity. A recent progress report of May 23, 2014 described continued right shoulder pain worse with activities with secondary and underlying diagnoses of anxiety, depression and insomnia. Records state a prior right shoulder rotator cuff repair procedure took place in December of 2012 with continued complaints of postoperative pain. Physical examination findings on that date were not documented. There was indication of multiple medication usage in this individual as well as use of topical compounding agents which have been utilized for the past 18 months. Records also indicate recent care has included over 30 sessions of physical therapy since the time of the surgical procedure. There is a current request for multiple medications to include topical compounds and continued physical and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS Guidelines would not support a Urine Toxicology Screen. CA MTUS states, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed". This individual is currently with no indication or need for continued use of short acting narcotic analgesics or opioid agents. There is no indication of misuse or mal-use of management of medications. The use of a Urine Toxicology Screen would not be supported and is not medically necessary.

Genetic Testing: 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 (Chronic).

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 Comp, Pain Procedure.

Decision rationale: California ACOEM and MTUS Guidelines are silent regarding genetic testing. When looking at Official Disability Guideline criteria, genetic testing is not indicated for work related diagnosis or currently indicated for such assessment of potential for opioid abuse. Without long term demonstration of its efficacy or benefit, the use of genetic testing in this individual would not be supported and is not medically necessary.

Xolido 2%: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support Xolido. The topical use of Lidocaine in this individual would not be indicated. Guidelines indicate topical use of Lidocaine can be indicated for neuropathic pain. This individual gives no indication of a neuropathic diagnosis status post rotator cuff repair. The use of this topical agent would not be indicated and is not medically necessary.

Terocin 240 ml: Upheld

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

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

Decision rationale: California MTUS Guidelines would not support the topical use of Terocin cream. Terocin is a combination of Methyl Salicylate, Capsaicin, Menthol and Lidocaine. As cited above, Lidocaine would not be indicated in this individual due to no indication of a neuropathic diagnosis. Capsaicin would only be utilized as an option for individuals with musculoskeletal diagnosis in individuals who have not responded or are intolerant to other forms of treatment. Given the lack of support for all agents in the topical compound, the request for Terocin cream would not be indicated and is not medically necessary.

12 Aquatic Therapy Sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: This individual is status post rotator cuff repair and has undergone thirty-five recent sessions of physical therapy. There would be no indication for inability to perform land based home exercises at this stage in postoperative course or indication for acute aqua therapy in this individual following upper extremity injury. The request for Aqua Therapy is not medically necessary.

Flurbiprofen: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines would not support the topical use of Flurbiprofen. Currently Guidelines would only support the topical non-steroidal use of Diclofenac in certain rare situations. The topical use of Flurbiprofen, a non-steroidal agent, would not be supported by Guideline criteria and is not medically necessary.

30 Somnicin: 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 (Chronic) /Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines, Pain Procedure, Insomnia Treatment.

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the use of Somnicin, an oral agent designed to promote effective sleep through a combination of natural ingredients would not be indicated. Official Disability Guidelines in regards to the pharmacological treatment of insomnia would typically not support the long term use of agents for greater than a four week period of time. This individual is currently also being treated with Ambien and has been treated in a chronic course. Given the claimant's timeframe from injury, timeframe of medical treatment for insomnia, and current complaints, the use of this oral agent would not be supported as medically necessary.

100 Laxacin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Steps to Take Before a Therapeutic Trial of Opioids: Initiating Therapy.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Laxacin. This agent used to assist with treatment of constipation would not be indicated in this individual for whom short acting narcotic analgesics or narcotic analgesics would not be supported. Therefore, the request for Laxacin is not medically necessary.

Gabacyclotram 180 gms: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical use of Gabacyclotram. Currently, in the topical setting, the use of muscle relaxants and Gabapentin are not supported. Guidelines indicate that when any one agent in a topical compound is not supported, the agent as a whole is not supported. The continued use of this medication for this individual's chronic complaints would not be supported and is not medically necessary.