

Case Number:	CM14-0085346		
Date Assigned:	08/08/2014	Date of Injury:	03/01/2010
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on March 1, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated signs of adhesive capsulitis with very limited left shoulder motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes left shoulder surgery for a rotator cuff repair and postoperative physical therapy. A request had been made for an MRI of the hands, and internist consultation, Somnicin, Genicin, Terocin, Fioricet Terocin patches, Menthoderm, Protonix, Gabaclycotram, and Flurbiprofen and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Bilateral Hands: 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 Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, MRI, Updated August 8, 2014.

Decision rationale: The most recent progress note dated May 20, 2014, nor the no prior indicate any complaints of hand pain. As such this request for an MRI the bilateral hands is not medically necessary.

Internist Consultation:

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 ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The most recent progress note dated May 20, 2014, and the no prior does not indicate any systemic issues that would require a specialty referral for internal medicine. As such this request for internist consultation is not medically necessary.

Somnicin #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.napharm.com/compound-anxietyinsomnia/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical Foods, Updated September 10, 2014.

Decision rationale: Somnicin is a sleep aid made of natural ingredients. The recent notes in the medical records do not indicate that the injured employee has any sleep issues. As such, this request for Somnicin is not medically necessary.

Genicin #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Glucosamine, Updated August 25, 2014.

Decision rationale: Genicin is a brand name of glucosamine. According to the Official Disability Guidelines glucosamine is only indicated for osteoarthritis of the knee. The records presented for review do not indicate the injured worker has osteoarthritis of the knee. As such, this request for Genicin is not medically necessary.

Gabaclycotram 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Gabaclycotram is a compound of Gabapentin, Cyclobenzaprine, and Tramadol. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Gabaclycotram is not medically necessary.

Flurbiprofen (NAP) Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis of shoulder pain, this request for Flurbiprofen cream is not medically necessary.

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin is not medically necessary.

Floriset #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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate Containing Analgesic Agents, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines barbiturate containing analgesic agents such as Fioriset is not recommended for chronic pain the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesics due to the barbiturate constituents. As such this request for Fioriset is not medically necessary.

Terocin Pain Patch Box (10 Patches) #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Terocin is a topical analgesic compound containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin patches is not medically necessary.

Menthoderm Gel #240: Upheld

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

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

Decision rationale: Mentoderm is a topical analgesic consisting of Menthol and Methyl Salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Mentoderm is not medically necessary.

Protonix 40mg #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 Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Toxicology-Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request a toxicology urine drug screen is not medically necessary.