

Case Number:	CM13-0036793		
Date Assigned:	12/13/2013	Date of Injury:	05/18/2011
Decision Date:	01/02/2015	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 shoulder pain reportedly associated with an industrial injury of May 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; earlier carpal tunnel release surgery; extensive periods of time off of work; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 11, 2013, the claims administrator denied a urine drug screen, denied Flexeril, denied Protonix, denied Voltaren, denied Norco, and denied Terocin. The claims administrator stated that the attending provider failed to outline any evidence of functional improvement with any of the medications at issue. The claims administrator stated that its decision was based on a progress note dated October 8, 2013. The applicant's attorney subsequently appealed. The October 8, 2013 progress note, however, was not seemingly incorporated into the claims administrator's medical evidence log, however. On July 1, 2013, the applicant reported ongoing complaints of shoulder pain status post left shoulder surgery on January 30, 2013. Ancillary complaints of neck pain were also appreciated. X-rays of the shoulder demonstrated evidence of a distal claviclectomy while x-rays of the cervical spine, lumbar spine, and bilateral knees were normal. Prescriptions were dispensed. The applicant was permanent and stationary, it was suggested. The attending provider checked a box suggesting that the applicant was a qualified injured worker, i.e., suggesting that the applicant was not working. The attending provider stated that the applicant's treatment regiment was effective but did not elaborate or expound further. A "comprehensive" drug screen was endorsed. Unspecified prescriptions were dispensed. While the attending provider stated that medications are being refilled, the attending provider did not explicitly discussed any one medication or medications on the July 1, 2013 progress note. In a September 12, 2011 initial consultation, the attending provider acknowledged that the applicant had been

terminated by his former employer. The applicant reported constant, moderate-to-severe sharp low back pain, mid back pain, shoulder pain, and neck pain, it was acknowledged, exacerbated by activities such as lifting, gripping, grasping, carrying, pushing, pulling, and performing activities of self-care and personal hygiene. The applicant was apparently kept off of work, on total temporary disability. On July 1, 2013, there was no mention of any issues with reflux, heartburn, or dyspepsia. On December 12, 2011, the applicant did report issues with nausea and vomiting in the review of systems but made no mention of issues with reflux, heartburn, or dyspepsia either in the review of systems section of the note or in the past medical history section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clear state what drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, however, the attending provider did not clearly identify which drug tests and/or drug panels he intended to test for. The attending provider did not state when the applicant was last tested. The attending provider made no effort to stratify the applicant into higher- or low-risk categories for which more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.

Flexeril 7.5MG BID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant is seemingly using a variety of other agents, including Voltaren, tramadol, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. The 90-tablet of Flexeril at issue, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The request, thus, as written, is at odds with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Protonix 20mg QD #60 2RF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on either the comprehensive initial evaluation of September 12, 2011 or on July 1, 2013, referenced above. While it is acknowledged that the October 2013 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Voltaren XR 100mg QD #60 2RF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant is seemingly off of work. Neither the progress notes on file outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Voltaren usage. The fact that the applicant remains off of work, coupled with the fact that the applicant remained dependent on opioid agents such as

Norco and tramadol, however, suggests there is a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren, and did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Norco 5mg 1 Q 6 hrs for pain #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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. Here, however, the applicant has seemingly failed to return to work. The applicant has been referred to as a qualified injured worker on several occasions, referenced above. The applicant has been terminated from his former employment. The attending provider's progress notes failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. While it is acknowledged that the October 2013 progress note in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Ultram 1 Q4-6 hrs #60 2RF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dosage of opioids should be employed to improve pain and function. Here, however, the attending provider failed to outline any rationale for selection, introduction, and/or ongoing usage of two separate short-acting opioid agents, Ultram and Norco. While it is acknowledged that the October 2013 progress note in which the articles in question were sought was not seemingly incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Terocin Topical Lotion apply BID 120ml #1 2RF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide.

Decision rationale: As noted by the National Library of Medicine (NLM), Terocin is an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no mention or evidence of a trial and/or failure of first-line antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to selection, introduction, and/or ongoing usage of the lidocaine-containing Terocin compound at issue. While it is acknowledged that the October 2013 progress note in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support to substantiate the request. Therefore, the request is not medically necessary.