

Case Number:	CM14-0173602		
Date Assigned:	10/24/2014	Date of Injury:	09/13/2013
Decision Date:	02/25/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 current request is for urinalysis for toxicology, follow-up in 4 weeks, orthopedic joint specialist consult, Naproxen 550mg #60, Omeprazole 20mg #60, Flurbiprofen-Capsaicin-Camphor 10/0.025%/2%/1% 120grams, and Ketoprofen-Cyclobenzaprine-Lidocaine 10%/3%/5. The medical record did not contain any progress notes, or clinical documentation from the physician requesting the above items. There is a urine drug screen (UDS) in the medical record dated September 9, 2014 that indicates it is an initial test to establish baseline. The IW reports no medications. The UDS is negative for all tested medications. There was an initial comprehensive orthopedic evaluation in the medical record dated September 9, 2014. According to the documentation, the IW complains of cervical spine pain rated 5-6/10. He also reported left shoulder pain and lumbar spine pain. Examination of the cervical spine reveals tenderness to palpation (TTP) about the left upper trapezius muscles. There are no trigger points. Cervical compression test is negative. Neurological evaluation is normal for sensation and light touch. Motor testing is normal. Examination of the shoulders reveals TTP along the AC joint, biceps tendon groove, supraspinatus deltoid complex or rotator cuff on the left. Impingement test is positive on the left. The orthopedic provider is recommending chiropractic care. The current request is for urinalysis for toxicology, follow-up in 4 weeks, orthopedic joint specialist consult, Naproxen 550mg #60, Omeprazole 20mg #60, Flurbiprofen-Capsaicin-Camphor 10/0.025%/2%/1% 120grams, and Ketoprofen-Cyclobenzaprine-Lidocaine 10%/3%/5. There are no clinical notes in the medical record from the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for Toxicology: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain of the Treatment Guidelines and the Official Disability Guidelines, urine toxicology is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover a version of prescribe substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). There were no progress notes or treating notes. There are physical therapy SOAP notes and a consultation from the orthopedic surgeon. A urine drug screen was ordered to "screen for baseline". There is no documentation indicating aberrant drug seeking behavior or drug misuse or abuse. As noted above, there was no documentation from the primary treating physician and no documentation of what medications were being taken. Consequently, absent clinical documentation to support a urine drug screen in the absence of the risk assessment and list of all medications, urine drug toxicology is not medically necessary.

Follow up in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines regarding office visits

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

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visit in four weeks is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. For additional details see the official disability guidelines. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar

spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). There were no progress notes or treating notes. There are physical therapy SOAP notes and a consultation from the orthopedic surgeon. There was no documentation from the treating physician indicating the purpose, need or indication for follow-up visit. Consequently, absent clinical documentation to support the need for a follow-up office visit, follow up visit in four weeks is not medically necessary.

Orthopaedic Joint Specialist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Consultations, Page 127.

Decision rationale: Pursuant to the ACOEM, an orthopedic joint specialist consultation is not medically necessary. Consultation is designed to aid in the diagnosis, prognosis and therapeutic management of the patient. For additional details see the ACOEM. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). There were no progress notes or treating notes. There are physical therapy SOAP notes. There is no documentation from the primary treating physician with a clinical need or indication for rationale for an orthopedic joint specialist consultation. A consultation designed to aid in the diagnosis, prognosis and/or therapy of the injured worker. There is no documentation to support a referral to a consultant. Consequently, absent clinical documentation to support the need for an orthopedic joint specialist consultation, and orthopedic joint specialist consultation is not necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.025%2%1% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen, Capsaicin and Camphor #120 g is not medically

necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). Topical Flurbiprofen is not FDA approved for topical use. The only available FDA approved topical nonsteroidal anti-inflammatory is diclofenac. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen, capsaicin and Camphor #120 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen, Capsaicin and Camphor #120 g is not medically necessary.

Ketoprofen/Cyclobenzaprine/lidocaine 10%/3%/5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are recommended for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). Topical Ketoprofen is not FDA approved. Topical cyclobenzaprine is not recommended. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (Ketoprofen, Cyclobenzaprine, and Lidocaine) that is not recommended is not recommended. Consequently, Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%) is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ketoprofen/Cyclobenzaprine/Lidocaine (10%/3%/5%) is not medically necessary.

Naproxen 550mg #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 NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg # 60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). The documentation does not contain a clinical indication or rationale for nonsteroidal anti-inflammatory drugs. Consequently, there is no clinical indication for Naproxen 550 mg #60 in the medical record. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Naproxen 550 mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, a greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured workers working diagnoses are cervical spine sprain/strain; thoracic spine sprain, improved; left shoulder sprain/strain with internal derangement and impingement; lumbar spine sprain/strain; and pain, no palpable hernia. Medical record does not contain any documentation from the requesting physician (the primary treating physician). The documentation does not contain a clinical indication or rationale for proton pump inhibitor. The documentation does not contain any medical records from the primary treating physician. There is no documentation of any risk factors indicating peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. Consequently, absent clinical documentation to support omeprazole 20 mg, omeprazole 20 mg #60 is not medically necessary.