

Case Number:	CM14-0190858		
Date Assigned:	11/24/2014	Date of Injury:	06/10/2014
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 American Board Internal Medicine 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 injured worker (IW) is a 52-year-old man with a date of injury of June 10, 2014. He sustained an injury to the left upper extremity/left shoulder while attempting to move an ice cooler weighing approximately 60 pounds. Pursuant to the progress report dated October 2, 2014, the IW presents for reevaluation of his left shoulder. He is being followed for impingement syndrome. He was last seen on September 4, 2014. It was noted at the time that he had good response from a steroid injection he had received. The injection lasted about a week before the pain and discomfort returned. The IW continues to complain of left shoulder pain rated 4/10, and described as sharp. Sleeping and moving the arm aggravates the pain. The pain is partially relieved with Aleve. His symptoms are not improving and are severe enough to proceed with surgical intervention. Examination of the left shoulder revealed flexion is 160 degrees, extension is 30 degrees, abduction is 140 degrees, adduction is 30 degrees, external rotation is 80 degrees, and internal rotation is 60 degrees. There is popping and pain over the AC joint. The IW has been diagnosed with impingement syndrome, left shoulder with degenerative joint disease, AC joint. The provider is recommending arthroscopic surgery since the IW has had no improvement with conservative care including physical therapy. The provider reports the IW will return pre-operatively in preparation for the procedure. The Request For Authorization is for repeat MRI of the left shoulder, Voltaren gel 100mg, Omeprazole 20mg, Mentherm ointment, and urine toxicology. The provider did not address the indications for repeat MRI, medications or urine toxicology in the medical record. The IW was not taking any narcotics. The initial MRI of the left shoulder was performed on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, MRI

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, repeat MRI of the left shoulder is not medically necessary. The guidelines enumerate the indications for magnetic resonance imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. See guidelines for additional details. In this case, the injured worker sustained an injury to the left upper extremity/left shoulder on June 10, 2014. The medical record indicates he had a prior MRI of left shoulder was performed July 14, 2014. There was no high grade rotator cuff tear. During the course of treatment, since the prior MRI there has been no significant changes in clinical symptoms or signs. Repeat MRI is not routinely recommended it should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There have been no significant changes documented in the medical record. Consequently, repeat MRI left shoulder is not necessary.

Voltaren Gel 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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, Voltaren gel 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. Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, fourth, hand, knee and wrist). It has not been evaluated for treatment of spine, hip or shoulder. In this case, the injured worker sustained an injury to the left upper extremity/left shoulder on June 10, 2014. There is no documentation in the medical record indicating what regional body part is to receive the Voltaren gel nor is there any clinical indication present. The gel is not indicated for use on the shoulder. Consequently, absent the appropriate clinical documentation, Voltaren gel is not medically necessary.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines

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, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients at risk for certain gastrointestinal and cardiovascular risk factors. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker sustained an injury to the left upper extremity/left shoulder on July 14, 2014. There are no comorbidity conditions compatible with the risk factors enumerated above. The injured worker does not have a history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids and is not taking multiple anti-inflammatory drugs. Consequently, Omeprazole 20 mg is not medically necessary.

Menthoderm ointment: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Mentoderm ointment 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. Methoderm contains methyl salicylate and menthol. 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 sustained injury to the left upper extremity/left shoulder on July 14, 2014. There is no clinical indication for the topical analgesic noted in the medical record. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, Mentoderm ointment is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Mentoderm appointment is not medically necessary.

Urine Toxicology: Upheld

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

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, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug testing 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 diversion of prescribed substances. The 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 drug testing is determined by whether the patient is at low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker is being treated for a left shoulder/left upper extremity injury. There is no documentation in the medical record indicating opiate use, or risk factors for drug misuse or abuse and no clear indication for performing urine drug screen. Consequently, absent the appropriate clinical indication and documentation, urine drug testing is not medically necessary.