

Case Number:	CM15-0148537		
Date Assigned:	08/11/2015	Date of Injury:	02/22/2014
Decision Date:	09/08/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 53 year old female, who sustained an industrial injury on 2-22-2014, while working as a nurse. She reported feeling a pop in her shoulder while moving an inmate onto a gurney. The injured worker was diagnosed as having cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, thoracic muscle spasm, thoracic sprain-strain, right rotator cuff tear, right shoulder bursitis, right shoulder impingement syndrome, right shoulder myospasm, right shoulder sprain-strain, and right hand tenosynovitis. Past medical history included diabetes. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Urine toxicology (2-26-2015) was positive for the use of Tramadol and Cyclobenzaprine. This was consistent with her reported medications per the progress report on this date. Currently, the injured worker complains of intermittent neck pain, with radiation to the right upper extremity, rated 6 out of 10. She also reported intermittent upper back pain, rated 7 out of 10. She reported continuous right shoulder pain, rated 9 out of 10, and right hand-wrist pain, rated 7 out of 10 and associated with numbness and tingling, weakness, and loss of grip. She was pending right shoulder surgery. No aberrant behavior was described. Migrainous headaches were not described. The treatment plan included urine toxicology testing and migraine treatment (topical compound cream). She remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for intermittent neck pain with right upper extremity radiating symptoms, intermittent upper back pain, right shoulder pain, and right hand pain. When seen, there was decreased spinal range of motion with paraspinal tenderness. There was right shoulder tenderness with decreased range of motion, muscle spasms, and positive impingement testing. There was right hand tenderness with negative tests for carpal tunnel syndrome. Arthroscopic right shoulder surgery was being planned. Topical compounded medication was prescribed for migraines. Cyclobenzaprine was being prescribed and urine drug screening was performed. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the claimant's medications include cyclobenzaprine, a non-opioid medication. There are no identified issues of abuse or addiction or prior risk assessment. Urine drug screening was not medically necessary.

Migraine treatment (topical cream), Qty 1, (Sumatriptan 20%, Tamadol HCL (hydrochloride) 3%, Diclofenac NA (sodium) 3%, Apomorphine HCL (hydrochloride) 0.1%, Cyclobenzaprine HCL (hydrochloride) 2%, Promethazine HCL (hydrochloride) 2.5%, Tizanidine 0.2%, Lidocaine 1.75%, Prilocaine 1.75%), 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for intermittent neck pain with right upper extremity radiating symptoms, intermittent upper back pain, right shoulder pain, and right hand pain. When seen, there was decreased spinal range of motion with paraspinal tenderness. There was right shoulder tenderness with decreased range of motion, muscle spasms, and positive impingement testing. There was right hand tenderness with negative tests for carpal tunnel syndrome. Arthroscopic right shoulder surgery was being planned. Topical compounded medication was prescribed for migraines. Cyclobenzaprine was being prescribed and urine drug screening was performed. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support

the use of many these agents including sumatriptan and apomorphine. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. In this case, there are conventional treatments for migraine headaches available. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This topical medication was not medically necessary.