

<b>Case Number:</b>	CM15-0203044		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: 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 injured worker is a 53-year-old male who sustained an industrial injury on 8-29-2012 and has been treated for the right shoulder and cervical spine. On 9-4-2015, the injured worker reported that his left shoulder was still sore rating his discomfort at 2-3 out of 10, and weakness. Objective examination noted tenderness with palpation, negative Hawkins', Speed's and empty-can tests, with 4 out of 5 strength on manual resistance testing. Documented treatment includes left shoulder arthroscopic anterior labral repair, distal clavicle excision, glenohumeral debridement, and synovectomy on 5-7-2015. He had at least 8 post-operative sessions of physical therapy, and an unspecified number of additional sessions are noted to have been approved. The physician noted on 9-4-2015 that the injured worker was showing improvement with range of motion, but there was question regarding progress with strength. Other treatments noted include home exercise; and, gabapentin, Flexeril, and Naprosyn. He no longer takes Norco. The treating physician's plan of care includes consultation with a spine specialist, urine drug screening, and prescribed a new prescription for Menthoderm #2 "for numbness." The last urine drug screen provided in the medical records is dated 6-23-2015. Requests were denied on 10-14- 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Mentoderm is a topical analgesic containing Methyl salicylate and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Mentoderm #2 is not medically necessary by MTUS.

**Physical therapy 2 times a week for the left shoulder and cervical spine (8): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of neck sprains and strains and intervertebral disc disorders without myelopathy, and 24 visits over 14 weeks for Post-surgical treatment, for arthroscopic shoulder surgery. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The injured worker is status post left shoulder surgery with complains of left shoulder and neck pain. Documentation shows that the injured worker had completed at least post-surgical 8 visits, followed by a home exercise program and an unspecified number of additional active physical therapy sessions, with reported subjective improvement in range of motion. Physician reports lack evidence of specific functional improvement to establish the medical necessity for further active physical therapy. The request for Physical therapy 2 times a week for the left shoulder and cervical spine (8) is not medically necessary based on lack of functional improvement and MTUS.

**Consultation with a spine specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker is status post left shoulder surgery with complains of left shoulder and neck pain. At the time of the requested service under review, physician report failed to show that the primary treating physician has adequately addressed the neck complaints, to establish the medical necessity for specialty consultation. Furthermore, there is no evidence of acute exacerbation of symptoms. The request for Consultation with a spine specialist is not medically necessary.

**Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker is being treated with Opioid analgesics or at high risk of addiction or aberrant behavior to establish the medical necessity for urine drug testing. With guidelines not being met, the request for Urine drug screen is not medically necessary.