

Case Number:	CM15-0080403		
Date Assigned:	05/01/2015	Date of Injury:	05/23/2013
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania
 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:

This 55 year old woman sustained an industrial injury on 5/23/2013 due to a fall. Diagnoses include rule out cervical and lumbar disc protrusion, rule out cervical and lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome and internal derangement, rule out left carpal tunnel syndrome, rule out left wrist internal derangement, and depression. Past medical history included hypertension. Treatment has included medications. Work status in November 2014 was noted as temporarily totally disabled. Tylenol was prescribed in November 2014. Medication in January 2015 was noted to include ibuprofen and a medication for high blood pressure. A urine drug screen was performed on 1/6/15 and was positive only for acetaminophen. Urine drug screen in November 2014 was negative. Physician notes dated 3/31/2015 show complaints of pain to the cervical and lumbar spine, left shoulder, left wrist, and depression. Examination showed tenderness and spasm of the cervical and lumbar paravertebral muscles, positive Spurling's test and straight leg raising, decreased and painful range of motion of the left shoulder, with tenderness of the acromioclavicular joint and positive Neer's and Hawkin's signs, decreased and painful range of motion of the left wrist with tenderness of the volar wrist and positive Tinel's and Phalen's signs. Recommendations include two topical medicated compounds, orthopedic surgeon consultation for the left shoulder and left wrist, pain management consultation, urine drug testing, acupuncture, chiropractic treatment, and physiotherapy. Work status was noted as full duty. On 4/21/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-212, 270, 271.

Decision rationale: This injured worker has chronic shoulder and wrist pain, with examination findings as described. The treating physician has requested orthopedic consultation for the left shoulder and left wrist. No imaging results were submitted or discussed. There was no documentation of any completed physical therapy. The ACOEM states that referral for surgical consultation for shoulder disorders may be indicated for patients who have red flag conditions such as acute rotator cuff tear in a young worker or glenohumeral joint dislocation, activity limitation for more than four months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The ACOEM states that referral for surgical consultation for shoulder disorders may be indicated for patients who have red flag conditions such as acute rotator cuff tear in a young worker or glenohumeral joint dislocation, activity limitation for more than four months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. In this case, no red flag conditions were documented, no imaging evidence of lesions of the shoulder or wrist that would benefit from surgical repair was documented, and there was no documentation of conservative treatment including exercise programs. Due to lack of demonstration of a surgical lesion of the shoulder or wrist, the request for outpatient referral to orthopedic surgeon is not medically necessary.

Urine Analysis testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing and Other Medical Treatment Guidelines UpToDate: Wald, Ron: Urinalysis in the diagnosis of kidney disease. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The urinalysis is used in evaluating acute and chronic kidney disease, and can be used to monitor the course of kidney diseases in some patients. It may be used in patients

with suspected kidney disease (on the basis of clinical findings or concurrent illness) or kidney stones. In this case, there was no documentation of presence of suspicion of kidney disease. It is possible that the request for urinalysis represents a request for urine drug screening. Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. This injured worker has already undergone two urine drug screens with unremarkable results. No opioid medications have been prescribed, and as such there would be no indication for urine drug testing. The request for urinalysis is not medically necessary based on lack of a sufficiently specific prescription and lack of documented indication.

180 grams-Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Campho 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain topical analgesics Page(s): 60, 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. Flurbiprofen is a nonsteroidal anti-inflammatory drug (NSAID). Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The MTUS and ODG are silent with regard to menthol and camphor. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. In this case, there was no documentation of neuropathic pain or of trial and failure of anticonvulsant or antidepressant medication. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. As

such, the request for 180 grams-Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Campho 2% is not medically necessary.

180 grams-Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain topical analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The MTUS and ODG do not address amitriptyline or dextromethorphan in topical form. There was no documentation of neuropathic pain or of trial and failure of antidepressant and anticonvulsant medication. As at least one drug in this compounded topical medication is not recommended, the compound is not recommended. As such, the request for 180 grams-Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% is not medically necessary.