

Case Number:	CM14-0123289		
Date Assigned:	09/24/2014	Date of Injury:	04/23/2013
Decision Date:	10/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational 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 patient is a 40-year-old female who has submitted a claim for headaches, cervical sprain, left shoulder tendinosis, and sleep disturbance secondary to pain associated with an industrial injury date of 4/23/2013. Medical records from 9/24/2013 up to 8/14/2014 were reviewed showing frequent pain and discomfort in the cervical spine, 8/10, with limited ROM and popping sounds. Pain is characterized as numbness with radiations to left hand and fingers. The patient also complains of constant pain and discomfort in the left shoulder, 8/10, with limited ROM, popping, clicking, grinding, and radiates to left arm, hand, and fingers. She is unable to sleep on her left side. The patient also feels depressed and stressed because she worries about her ability to recover and continue working. Objective findings revealed tenderness over the spinous processes at C3-7 with spasms over the upper trapezii and interscapular muscles. Shoulder examination revealed tenderness and positive impingement signs on the left. Supraspinatus sign was also positive on the left. Treatment to date has included compound creams (since 6/30/2014) acupuncture, Naproxen, ibuprofen, Soma, and Prilosec. Utilization review from 7/23/2014 denied the request for Acupuncture Sessions (Left Shoulder/Cervical/Thoracic) 2 X 6, Flurbiprofen/Tramadol, Gabapentin/Amitriptyline/Dextromethorphan, and Decision for Urine Toxicology. UR modified the requests for consultation with an orthopedic Surgeon (Left Shoulder Surgery), Consultation with psychologist (biofeedback) to 1 visit only. As for acupuncture, there is no functional improvement with prior sessions, no documentation that the request will be used as an adjunct to physical therapy, and there were no details about the number of acupuncture sessions completed to date. As for Flurbiprofen/Tramadol, the report provided does not indicate failed trials of first line recommendations of oral antidepressants and anticonvulsants. In addition, there is no evidence that oral pain medications are insufficient to alleviate pain symptoms. As for Gabapentin/Amitriptyline/Dextromethorphan, the report

provided does not indicate failed trials of first line recommendations of oral antidepressants and anticonvulsants. In addition, there is no evidence that oral pain medications are insufficient to alleviate pain symptoms. As for orthopedic consult, patient complains of ongoing left shoulder pain with tenderness, positive impingement, and supraspinatus test. Therefore, request was partially certified. As for psychological consult, the patient has chronic complaints of pain and sleep disturbance secondary to ongoing symptoms. Recommend partial certification for 1 visit only. As for urine toxicology, the patient is not taking any controlled medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Sessions (Left Shoulder/Cervical/Thoracic) 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient complains of cervical and shoulder pain. It was noted that she had undergone previous acupuncture in the past. However, there was no documentation of progress reports, functional benefit, total number of completed visits, and if this request will be used as an adjunct to physical therapy. Therefore, the request for Acupuncture Sessions (left shoulder/cervical/thoracic) 2x6 is not medically necessary.

Flurbiprofen/Tramadol: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical non-steroidal anti-inflammatory drugs (NSAIDs) approved by FDA is diclofenac which has not been evaluated for treatment of the spine, hip or shoulder. Flurbiprofen and Tramadol are not recommended as topical analgesics. In this case, the patient has been using Flurbiprofen/Tramadol since at least 6/30/2014. However, as per guidelines, Flurbiprofen and Tramadol are not recommended as topical analgesics. In addition, there is no evidence that oral pain medications are insufficient to

alleviate pain symptoms. Furthermore, the dispense number, dosage, frequency, and targeted body parts were not indicated. Therefore, the request for Flurbiprofen/Tramadol is not medically necessary.

Gabapentin/Amitriptyline/Dextromethorphan: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical non-steroidal anti-inflammatory drugs (NSAIDs) approved by FDA is diclofenac which has not been evaluated for treatment of the spine, hip or shoulder. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Gabapentin is not recommended as a topical analgesic. Dextromethorphan is not addressed in the guidelines. In this case, the patient has been using this compound cream since at least 6/30/2014. However, as per guidelines, amitriptyline and gabapentin are not recommended as topical analgesics. In addition, there is no evidence that oral pain medications are insufficient to alleviate pain symptoms. Furthermore, the dispense number, dosage, frequency, and targeted body parts were not indicated. Therefore, the request for Gabapentin/Amitriptyline/Dextromethorphan is not medically necessary.

Consultation with an Orthopedic Surgeon (Left Shoulder Surgery): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complains of frequent pain and discomfort in the cervical spine, 8/10, with limited ROM and popping sounds. Pain is characterized as numbness with radiations to left hand and fingers. The patient also complains of constant pain and discomfort in the left shoulder, 8/10, with limited ROM, popping, clicking, grinding, and radiates to left arm, hand, and fingers. Objective findings revealed tenderness over the spinous processes at C3-7 with spasms over the upper trapezii and interscapular muscles. Shoulder examination revealed tenderness and positive impingement signs on the left. Supraspinatus sign was also positive on the left. Based on these

findings, an orthopedic consultation may be warranted; however, a PR dated 8/14/2014 was noted to be an orthopedic surgical consultation. In addition, the number of visits was not indicated. Therefore, the request for consultation with an orthopedic surgeon (left shoulder surgery) is not medically necessary.

Consultation with Psychologist (biofeedback): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient feels depressed and stressed because she worries about her ability to recover and continue working. However, the number of visits was not indicated. Therefore, the request for Consultation with Psychologist (biofeedback) is not medically necessary.

Urine Toxicology: 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 OPIOIDS Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, the patient is currently taking Naproxen, ibuprofen, Soma, and Prilosec. However, there was no documentation that the patient is taking any controlled medications such as opioids. In addition, prior urine drug screening was noted to be consistent with prescribed medications. Therefore, the request for urine toxicology is not medically necessary.