

Case Number:	CM14-0099234		
Date Assigned:	07/30/2014	Date of Injury:	09/14/2009
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old individual was reportedly injured on September 14, 2009. The mechanism of injury is noted as an assault by a passenger on the bus she was driving. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated a painful and limited right shoulder range of motion. Diagnostic imaging studies were not reported with the progress note. Previous treatment includes arthroscopic surgery to the right shoulder, multiple medications, postoperative rehabilitative physical therapy and rehabilitation and pain management interventions. Urine drug screening was positive for hydrocodone. A request had been made for multiple medications and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant has an intra-articular shoulder lesion, was treated with arthroscopic surgery, continue to have pain and decreased range of motion. There is no objectification of a neuropathic lesion. Furthermore, there is no objectification that this medication is demonstrating any efficacy or utility. As such, when considering the lack of clinical improvement noted on the progress notes tempered by the parameters in the MTUS the medical necessity for this has not been established.

Compound topicals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: No specific preparations are outlined. Furthermore, the MTUS indicates that this topical preparations are "largely;" and based on the progress notes presented there is no clinical indication of any efficacy or utility in terms of increased functionality or decrease in symptomology. Therefore, with the limited clinical information presented for review the medical necessity cannot be established.

GENETIC TESTING FOR NARCOTIC RISK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42 of 127.

Decision rationale: There is no current evidence to support the use of cytokine DNA testing for the applications of medicine to address chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. However the medical necessity has not been established.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78.

Decision rationale: There is support for urine drug testing within the MTUS. However, this testing is used to assess the presence of illegal drugs, evidence of drug diversions, abusive medications, and there are no complaints of intoxication or somnolence or any other indicators of inappropriate use. Therefore, while noting there is a chronic pain situation there are no red flags presented to suggest the need for urine drug screening. As such, this request is not medically necessary.

Norco 10/325 MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: This medication is a short acting opioid indicated for the management in controlling moderate to severe pain. The MTUS also identifies that the medication should be usable level that is the lowest possible dose to achieve improvement in pain complaints and increase functionality. When noting the progress notes presented, there does not appear to be any efficacy or utility in terms of pain control or increase functionality. Therefore, based on the clinical information presented for review the medical necessity for continued use of this preparation has not been established.

Prilosec 20 MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Risks And Cardiovascular Risks Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be a gastric protectorate for those individuals utilizing non-steroidal medication. However, there are no complaints noted in the progress notes of gastric distress, gastritis, or changes to the gastrointestinal tract. Therefore, with no specific subjective complaints offered there is no clinical indication establishing the medical necessity for this medication.

Soma 350 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

Decision rationale: The MTUS specifically recommends against the use of this medication. Furthermore, it is not recommended for chronic, indefinite or long-term use. Based on the limited clinical information presented by the requesting provider there is no rationale noted that would suggest deviation from the protocols noted in the MTUS. Therefore, the medical necessity for this medication cannot be established.