

Case Number:	CM14-0213635		
Date Assigned:	02/11/2015	Date of Injury:	08/29/2012
Decision Date:	03/27/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

The injured worker is a 52 year old male, who sustained an industrial injury on August 29, 2012. The diagnoses have included myofascial pain syndrome, cervical spine strain, rotator cuff syndrome left, and cervical radiculopathy. Treatment to date has included pain medications, acupuncture, epidural injections to the neck, trigger point injections, left shoulder injection, and left rotator cuff repair. Diagnostic testing has included x-rays of the neck and left shoulder, magnetic resonance imaging (MRI) of the neck and left shoulder, and electromyogram. On 7/24/14, the injured worker was prescribed naproxen, omeprazole, gabapentin, flexeril, and menthoder gel. On 8/14/14, the injured worker underwent left shoulder arthroscopic rotator cuff repair, anterior acromioplasty and subacromial decompression, distal clavicle excision, extensive glenohumeral debridement and microfracture chondroplasty, and limited synovectomy. On 9/5/14, a progress note documented that the injured worker was three weeks status post arthroscopy with rotator cuff repair, that he was using 1-2 Norco per day to control pain, and that he had not yet started physical therapy. Plan at that time was to begin physical therapy two times a week for six weeks, and to wean off Norco by the next followup visit. Work status was temporarily totally disabled. An orthopedic Qualified Medical Examination (QME) on 12/8/14 notes that the injured worker received a course of postoperative physical therapy and that the therapist suggested some more therapy, and a second course of physical therapy was started. Medications were noted to include omeprazole, Naprosyn, flexeril, gabapentin, and an unidentified medication for blood pressure. It was noted that the injured worker had not worked in the last year and a half. The QME notes prescription of oxycontin in 2013. The QME report

also notes reports from 2012 prior to the date of injury noting gastroesophageal reflux disease. The injured worker reported constant pain in the neck and shoulder and lack of use of the left arm, with limitations in what he can hold or carry. Physical examination showed symmetrical upper extremity reflexes, intact upper extremity sensation, normal distal upper extremity strength, with strength of the left shoulder not measured due to the August surgery, left shoulder active range of motion of flexion 110 degrees, extension 45 degrees, abduction 95 degrees, adduction 35 degrees, internal rotation 75 degrees (at 90 degrees of shoulder abduction), and external rotation of 80 degrees (at 90 degrees of shoulder abduction). The injured worker noted symptoms in the Speed's, O'Brien's, and supraspinatus impingement positions; the Hawkin's position was negative. There was no cervical, thoracic, or trapezial spasm. Spurling's test resulted in local symptoms at the base of the neck bilaterally without upper extremity radiation. On December 18, 2014 Utilization Review non-certified a urine screen, Naprosyn 550mg, Omeprazole 20mg, Flexeril 7.5mg, Neurontin 600mg, Methoderm gel 120g quantity 2 with 1 refill, and additional physical therapy two times weekly for four weeks to the cervical spine and left shoulder, citing the MTUS, ACOEM, and ODG. The Utilization Review determination notes that the requested services were associated with a PR2 of 11/19/14; the progress note from this date was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screen Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): p. 43, 77-78, 89, 94. Decision based on Non-MTUS Citation chronic pain chapter, urine drug testing

Decision rationale: 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. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Random collection is recommended. Results of testing should be documented and addressed. The treating physician did not list any of the drugs to be tested. It is critical that testing assay the necessary drugs, and not include irrelevant drugs (as is often the case). The collection procedure was not specified. In addition, the most recent documentation from December 2014 does not note use of any opioid medications. The documentation notes use of opioid medication in 2013. Progress note from July

2014, which documented several medications, did not note prescription of any opioids. Norco was prescribed in association with the August 2014 rotator cuff surgery, but the progress note of September 2014 documented plan to wean off norco. As no current prescription for opioid medication was documented, and due to lack of specificity of the requested urine screen, the request for urine screen is not medically necessary.

Naprosyn 550mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain and for the treatment of osteoarthritis, neither of which were documented for this injured worker. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. NSAIDs should be used for the short term only. The injured worker has been treated with naproxen for at least 6 months. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. It was noted that the injured worker was taking an unidentified medication for blood pressure. Blood tests were reported in August 2014 only, before the rotator cuff surgery. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication, long term use not in accordance with the guidelines, potential for toxicity, and unspecified quantity prescribed, the request for naprosyn is not medically necessary.

Omeprazole 20mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high

risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been prescribed omeprazole for at least 6 months. There was documentation of gastroesophageal reflux disease (GERD) that predated the injury; the submitted records did not document gastrointestinal signs or symptoms including symptoms of GERD, and no abdominal examination was documented. The injured worker was not documented to have any of the risk factors as noted above. The associated NSAID has been determined to be not medically necessary. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication and unspecified quantity requested, the request for omeprazole is not medically necessary.

Flexeril 7.5mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine p. 41-42. Muscle Relaxants p. 63-66 Page(s): p. 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Flexeril has been prescribed for at least 6 months. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to length of use in excess of what is recommended by the guidelines, lack of functional improvement, and unspecified quantity requested, the request for flexeril is not medically necessary.

Menthoderm gel 120g # 2 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics p. 111-113. Salicylate Topicals p. 104. Page(s): 111-113, 104. 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. Methoderm is a compounded topical medication containing methyl salicylate and menthol. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. The site of application and directions for use were not specified. Methoderm has been prescribed since July of 2014 without documentation of functional improvement as a result of its use. Due to lack of functional improvement, lack of sufficiently specific prescription, and lack of indication/recommendation for use of menthol, the request for methoderm is not medically necessary.

Additional physical therapy, 2 times weekly for 4 weeks, cervical spine and left shoulder
Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 174, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation neck and upper back chapter: physical therapy

Decision rationale: The request is for additional physical therapy to the cervical spine and left shoulder, 8 sessions. The injured worker underwent left shoulder rotator cuff repair with acromioplasty on 8/14/14. Regarding the request physical therapy for the left shoulder, the MTUS post-surgical treatment guidelines for physical therapy after rotator cuff repair/acromioplasty are 24 visits over 14 weeks, with a postsurgical physical medicine treatment period of 6 months. The initial course of therapy representing half the number of visits specified in the general course of therapy for this surgery would be 12 visits. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the parameters of the general course of therapy. An orthopedic Qualified Medical Examination (QME) on 12/8/14 notes that the injured worker received a course of postoperative physical therapy and that the therapist suggested some more therapy, and a second course of physical therapy was started. There was no documentation of the number of sessions completed, or the results of treatment. Without such documentation, whether the current request is for a number of sessions in accordance with the guidelines is unable to be determined. The injured worker remains off work, with documentation of limited use of the left arm. No functional improvement as a result of the postoperative physical therapy to date was documented. Regarding the request for additional physical therapy to the cervical spine, the ACOEM neck and upper back chapter recommends 1-2 physical therapy visits for education, counseling, and evaluation of home exercise. The ODG

states that physical therapy is recommended for a total of 9 visits over 8 weeks for cervicalgia (neck pain) and cervical spondylosis, and 10 visits for sprains and strains of neck and displacement or degeneration of cervical intervertebral disc, with assessment after a six visit clinical trial. The ODG also recommends allowance for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home therapy. The use of active treatment instead of passive modalities is noted to be associated with substantially better clinical outcomes. No prior physical therapy to the cervical spine was discussed in the records submitted. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Additional Physical Medicine is not medically necessary based on the lack of sufficient emphasis on functional improvement, the failure of Physical Medicine to the left shoulder to date to result in functional improvement as defined in the MTUS, and lack of sufficient information regarding number of prior sessions of physical therapy to the shoulder and lack of documentation of whether there had been any prior physical therapy for the cervical spine.

Neurontin 600mg (quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. Neurontin has been prescribed since July of 2014 without documentation of functional improvement as a result of its use. The injured worker had diagnoses of cervical strain and left shoulder rotator cuff syndrome; there was no documentation of neuropathic pain. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication, lack of functional improvement, and unspecified quantity requested, the request for neurontin is not medically necessary.