

Case Number:	CM15-0010337		
Date Assigned:	02/13/2015	Date of Injury:	04/13/2013
Decision Date:	07/02/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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:

The injured worker is a 44-year-old female who has reported neck and upper extremity pain after an injury on April 18, 2013. The specific mechanism of injury was not described. Other injury dates from 2012-2014 are also listed. The diagnoses have included sprain of neck, sprain of shoulder/arm and sprain of elbow/forearm. An elbow MRI was normal. A wrist MRI suggested carpal tunnel syndrome, and possibly a cyst. A cervical MRI was of the positional type, which is considered experimental and not recommended in guidelines. A shoulder MRI showed mild degenerative joint disease. Treatment to date has included medications, and electrical stimulation. Other kinds of physical therapy may have been performed although the treating physician reports do not discuss the specific results of any physical medicine treatment. The treating physician reports during 2014 list painful body parts with minimal or no other history. The reports may refer to improved pain with unspecified medications. Range of motion appeared to increase over time. None of the reports provides a significant discussion of treatment results or indications. The reports are handwritten in part, and only partially legible. The work status has remained modified and unchanged. NSAIDs, hydrocodone, cyclobenzaprine, and topical compounds were prescribed chronically. A urine drug screen on 10/7/14 assayed many medications with no apparent relevance to this injured worker. No drugs were detected. A urine drug screen on 11/6/14 listed hydrocodone as a current medication. The test assayed many medications with no apparent relevance to this injured worker. No drugs were detected. The PR2 of 11/6/14 was partially illegible. There was a list of symptomatic body parts, including the neck, shoulder and upper extremity. The shoulder was improving. The physical examination was very limited, and appeared to refer to neck and shoulder tenderness with slightly limited shoulder range of motion. An EMG was negative for the right upper extremity. The treatment

plan included a long list of items that are now appealed for Independent Medical Review. There were no patient-specific indications given for any of the treatment items. There was no discussion of the results or content of any prior treatment. The PR2 of 11/24/14 listed pain in the neck, shoulder, and left upper extremity, with improvement in the shoulder. Parts of the report were illegible. The physical examination was very limited, and appeared to refer to neck and shoulder tenderness with slightly limited shoulder range of motion. The treatment plan included a long list of items that are now appealed for Independent Medical Review. There were no patient-specific indications given for any of the treatment items. There was no discussion of the results or content of any prior treatment. On 12/19/14 Utilization Review non-certified 14 treatment requests, which were subsequently appealed for this Independent Medical Review. The MTUS and the Official Disability Guidelines were cited. Note was made that the available reports did not provide sufficient data to support the requests in light of the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2, 4, 15, 196, 209-210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: Per the ACOEM Guidelines Pages 209-211, surgical consultation may be indicated for: Red-flag conditions (acute rotator cuff tear in a young worker, dislocation, etc), activity limitation > 4 months plus a surgical lesion, failure to increase ROM and strength after an exercise program plus a surgical lesion, clear evidence of a lesion shown to benefit in the short and long term from surgical repair. The treating physician has not discussed the specific indications for this referral. The treating physician has not provided specific indications in accordance with the cited guidelines. The MRI was essentially normal. Due to the lack of specific indications and the cited guidelines, the referral is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: The MTUS does not provide references to pain management. Some of the body part chapters, as cited above, recommend the option of a PMR referral for non-surgical issues. In this case, the treating physician has not provided any indications for a referral to pain management. The treating physician has not described any complex pain problems or reasons that he cannot treat the pain using usual medications. The physician reports appear to refer to good pain relief with the current medications. The referral is not medically necessary based on the lack of specific indications. The request is not medically necessary.

Pharmacogenetic testing to include: CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORCI, Factor II, Factor V, and Mthfr (81225, 81227, 81226, 81401, 81355, 81240, 81241 and 81291): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Cytochrome p450 testing, Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain) and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: UpToDate, Overview of pharmacogenomics. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The MTUS does not provide direction for the clinical application of pharmacogenomics. Per the Official Disability Guidelines citations, listed, pharmacogenetic testing is not recommended. The Official Disability Guidelines note the absence of sufficient evidence to support this kind of testing in clinical practice. The UpToDate reference cited above provides a discussion of possible clinical applications for pharmacogenomics. This citation from the Overview of pharmacogenomics UpToDate section is pertinent. However, the goal of "individualized therapy" based upon pharmacogenetic testing has yet to be realized. Despite the promise of a growing body of research relating to pharmacogenetics and its impact on drug response, and US Food and Drug Administration (FDA) guidelines as to the use of genetic markers to guide therapy for a variety of agents (table 1), use of these tests is not widespread with a few notable exceptions [Listed exceptions include drugs for cancer, cystic fibrosis, anti-HIV drugs, and azathioprine or 6-mercaptopurine]. Numerous barriers exist to the direct application of pharmacogenomics advances in knowledge to drug therapy in the context of clinical care, which will need to be overcome before personalized drug therapy becomes a routine component of mainstream medicine. The treating physician has not provided a sufficient discussion of the clinical application for the proposed pharmacogenetic testing. The specific disorders to be treated in relation to the specific tests ordered were not discussed. None of the drugs or conditions discussed in the cited guideline are present in this case. The treating physician has not adequately addressed the medical necessity for this very specialized testing. The pharmacogenetic testing is not medically necessary as a result.

Pharmacological assay testing (CYP 450): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Pain chapter, Cytochrome p450 testing, Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain) and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: UpToDate, Overview of pharmacogenomics. In UpToDate, Post TW (Ed), UpToDate, Waltham, MA 2015.

Decision rationale: The MTUS does not provide direction for the clinical application of pharmacogenomics. Per the Official Disability Guidelines citations, listed, pharmacogenetic testing is not recommended. The Official Disability Guidelines note the absence of sufficient evidence to support this kind of testing in clinical practice. The UpToDate reference cited above provides a discussion of possible clinical applications for pharmacogenomics. This citation from the Overview of pharmacogenomics UpToDate section is pertinent. However, the goal of "individualized therapy" based upon pharmacogenetic testing has yet to be realized. Despite the promise of a growing body of research relating to pharmacogenetics and its impact on drug response, and US Food and Drug Administration (FDA) guidelines as to the use of genetic markers to guide therapy for a variety of agents (table 1), use of these tests is not widespread with a few notable exceptions [Listed exceptions include drugs for cancer, cystic fibrosis, anti- HIV drugs, and azathioprine or 6-mercaptopurine]. Numerous barriers exist to the direct application of pharmacogenomics advances in knowledge to drug therapy in the context of clinical care, which will need to be overcome before personalized drug therapy becomes a routine component of mainstream medicine. The treating physician has not provided a sufficient discussion of the clinical application for the proposed pharmacogenetic testing. The specific disorders to be treated in relation to the specific tests ordered were not discussed. None of the drugs or conditions discussed in the cited guideline are present in this case. The treating physician has not adequately addressed the medical necessity for this very specialized testing. The pharmacogenetic testing is not medically necessary as a result.

Chromatography urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cautionary red flags of addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use or the presence of illegal drugs, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, Opioid contracts: (9) Urine drug screens may be required, Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94, 43, 77, 78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen including chromatography. The results of prior, and failed, drug tests were not discussed. The prior tests included many drugs, which do not appear to have any relevance to this patient; the treating physician did not provide any rationale for the testing of so many drugs. As discussed in guidelines, confirmatory testing with chromatography is not indicated for all drug tests. Confirmatory testing is required for specific positive results from initial screening tests only. The treating physician has not discussed the specific indications for the confirmatory testing and as such, it is not medically necessary. The request is not medically necessary.

Trigger points impedance imaging (TPII), followed by localized intense neurostimulation therapy (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: trigger point impedance imaging, hyperstimulation analgesia.

Decision rationale: The MTUS does not address TPII and LINT. The Official Disability Guidelines recommend against these procedures based on the lack of medical evidence. Per the ODG, hyperstimulation analgesia is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings, thus causing the release of endogenous endorphins. The procedure requires impedance mapping of the back. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The Official Disability Guidelines recommend against these procedures based on the lack of medical evidence. The TPII and LINT are therefore not medically necessary.

Omeprazole 20mg quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Compound medication MPC1-flurbiprofen 20%/baclofen 10%/dexamethasone 2% 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. 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. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Per the MTUS, topical NSAIDs for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The treating physician did not provide any indications or body part intended for this NSAID. 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. The treating physician provided no evidence for a skin condition for which a topical steroid would be indicated. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Compound medication NPHCC1 dextromethorphan 10%/gabapentin 10%/bupivacaine 5%/menthol 2%/camphor 2% 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. 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. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical bupivacaine has no indication for chronic pain in general, and is one of the topical anesthetics the FDA warns against. Per the MTUS citation, there is no good evidence in support of topical gabapentin; it is not recommended. There is no good evidence supporting topical dextromethorphan for chronic pain. Menthol and camphor are not discussed specifically in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Extracorporeal Shock Wave Therapy (ESWT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29, 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 203, 29.

Decision rationale: This request does not list a body part. ECSWT is indicated for only a few conditions, and a non-specific request is not medically necessary. The MTUS strongly recommends against ECSWT for the elbow, as it has been proven ineffective. The MTUS, cited above, states that ECSWT is an option for calcifying tendinitis of the shoulder. This condition is not present in this injured worker. The treating physician has not provided sufficient indications for any ECSWT in light of the guidelines cited. As such, the ECSWT is not medically necessary as requested.

Orthopedic consultation of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 4, 15, 34-35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: The treating physician has not described the specific indications for surgical evaluation as per the MTUS citation above. The treating physician has not discussed the failure of specific conservative care as well as a surgical lesion. Non-specific elbow pain is not an adequate reason for surgical evaluation. The MRI was normal. Surgical evaluation is not medically necessary based on the MTUS. There is insufficient evidence for a surgical lesion.