

<b>Case Number:</b>	CM15-0117306		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 40 year old male who sustained a work related injury October 5, 2012. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker continues to have pain in the right shoulder radiating down to the right wrist. He reports neck pain as well as mid, upper, and lower back pain, with numbness in the right hand and cramping in the right leg. The pain is rated 9/10 and with medication 7/10. Examination of the cervical spine revealed stiffness, tightness mostly on the right trapezius, right side of the neck, and medial border of the right scapular area and thoracic paravertebral mostly on the right side. Range of motion is somewhat restricted in flexion, extension and side-to-side tilt. Spurling test is positive for radicular symptoms on the right side. Range of motion of the right shoulder is somewhat restricted in flexion as well as abduction. He can go to 140 degrees, but after that painful. Impingement test is positive on the right side. Diagnoses are adhesive capsulitis right shoulder; cervical/thoracic/lumbar sprain; myofascial pain; retention cyst right maxillary sinus. At issue, is the request for authorization for Tramadol, Terocin ointment, MRI of the cervical spine, orthopedic surgeon for right shoulder, and urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

**Decision rationale:** The patient is a 40 year old male with an injury on 10/05/2012. He has right shoulder pain, low back pain and neck stiffness. There were right shoulder impingement test that was positive. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and therefore is not medically necessary.

**Terocin ointment 120 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

**Decision rationale:** The patient is a 40 year old male with an injury on 10/05/2012. He has right shoulder pain, low back pain and neck stiffness. There were right shoulder impingement test that was positive. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, which is not recommended; thus, the requested compound topical analgesic medication is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

**Decision rationale:** The patient is a 40 year old male with an injury on 10/05/2012. He has right shoulder pain, low back pain and neck stiffness. There were right shoulder impingement test that was positive. There is no documentation of recent cervical trauma or red flag signs. The requested cervical MRI is not consistent with MTUS, ACOEM guidelines and is not medically necessary.

**Ortho surgeon right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 IME and Consultation, page 127.

**Decision rationale:** The patient is a 40 year old male with an injury on 10/05/2012. He has right shoulder pain, low back pain and neck stiffness. There were right shoulder impingement test that was positive. The patient continues to have right shoulder pain and signs of impingement. An orthopedic referral for possible surgery is medically necessary and is consistent with MTUS, ACOEM guidelines.

**Urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing and Other Medical Treatment Guidelines Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010;152:712-720.

**Decision rationale:** The patient is a 40 year old male with an injury on 10/05/2012. He has right shoulder pain, low back pain and neck stiffness. There were right shoulder impingement test that was positive. The patient should not be continued on opiates based on the documentation provided for review. Urine testing is not indicated. Also there is no documentation that urine testing decreases the prescription opiate epidemic. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." (reference). Urine drug testing in this patient is not consistent with ODG and not medically necessary.