

<b>Case Number:</b>	CM15-0129530		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 5, 2014. In a utilization review report dated July 24, 2015, the claims administrator failed to approve requests for Prilosec, tramadol, oral Voltaren, several topical compounds, and urine drug testing. The claims administrator referenced a June 17, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of shoulder pain, moderate to severe, reportedly worsening. The applicant was given diagnoses of shoulder bicipital tendonitis and adhesive capsulitis. The applicant had comorbidities including hypertension, it was reported. Prilosec was continued. It was stated that Prilosec was being employed for cytoprotective effect (as opposed to for active symptoms of reflux). Diclofenac, several topical compounds, and physical therapy were endorsed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 11, 2015, the applicant reported ongoing complaints of shoulder pain, moderate to severe, it was stated in one section of the note. The applicant was given a prescription for tramadol. The applicant was continuing Motrin. The applicant was severely obese, with a BMI of 40, it was reported. The applicant's complete medication list was not, however, seemingly detailed on this date. Drug testing was performed on May 11, 2015. Multiple different benzodiazepines and opioid metabolites were seemingly tested for. On June 17, 2015, the applicant again reported moderate-to-severe shoulder pain complaints. The

applicant contended that her medications were attenuating her pain complaints to some extent. Prilosec, tramadol, work restrictions, diclofenac, and several topical compounded medications were endorsed. Drug testing was again performed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Prilosec/Omeprazole DR 20mg, 30 days, #60 (6/17/15): 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.

**Decision rationale:** No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Prilosec was being employed for cytoprotective effect (as opposed to for active symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors, which include usage of NSAIDs in individuals age greater than 65, evidence that an applicant is using more than one NSAID, evidence that an applicant is using corticosteroid injection in conjunction with NSAIDs, and/or evidence that an applicant has a history of prior GI bleeding and/or peptic ulcer disease. Here, however, there is no mention of the applicant's having had issues with prior GI bleeding and/or peptic ulcer disease. The applicant is only using one NSAID, diclofenac. It did not appear that the applicant is using NSAIDs in conjunction with corticosteroids. The applicant was less than 65 years of age (age 31). It did not appear, in short, that the applicant met criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors such as Prilosec. Therefore, the request was not medically necessary.

#### **Retrospective Ultram ER/Tramadol 150mg, 30 days, #30 (6/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for oral diclofenac, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines

to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant did not appear to be working with limitations in place, it was suggested (but not clearly stated) on June 17, 2015. Ongoing usage of diclofenac had failed to curtail the applicant's dependence on opioid agents such as tramadol and/or topical compounded medications. Pain complaints in the moderate-to-severe range were reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.

**Retrospective Voltaren XR/Diclofenac Sodium XR 100mg, 30 days, #60 (6/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** The request for a flurbiprofen-lidocaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. Topical flurbiprofen, the primary ingredient in the compound, is an NSAID. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs for the treatment of the shoulder, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of topical flurbiprofen for a body part for which there is little evidence to support its usage, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Retrospective Flurbiprofen 25%/Lidocaine 5% in Lipoderm base, 3 days, 30grams (6/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Finally, the request for retrospective urine drug testing to include a confirmatory analysis and high-complexity drug testing protocols was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider attach an

applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state how frequently he was testing the applicant. It appeared, however, the applicant was being tested on a monthly basis. The attending provider failed to furnish a clear or compelling rationale for such frequent drug testing. The request, furthermore, included non-standard confirmatory and quantitative testing to include testing for nonstandard opioid, benzodiazepine, and barbiturate metabolites. Such testing did not, however, conform to the best practices of the United States Department of Transportation. The attending provider, furthermore, failed to clearly identify all the medications that the applicant was using on multiple office visits, including on the June 17, 2015 office visit at issue. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Retrospective Flurbiprofen 25%/Lidocaine 5% in Lipoderm base, 30 days, 120grams (6/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for a flurbiprofen-lidocaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. Topical flurbiprofen, the primary ingredient in the compound, is an NSAID. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is "little evidence" to utilize topical NSAIDs for the treatment of the shoulder, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of topical flurbiprofen for a body part for which there is little evidence to support its usage, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Retrospective UA toxicology-on site collection/offsite confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology (6/17/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for retrospective urine drug testing to include a confirmatory analysis and high-complexity drug testing protocols was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state how frequently he was testing the applicant. It appeared, however, the applicant was being tested on a monthly basis. The attending provider failed to furnish a clear or compelling rationale for such frequent drug testing. The request, furthermore, included non-standard confirmatory and quantitative testing to include testing for nonstandard opioid, benzodiazepine, and barbiturate metabolites. Such testing did not, however, conform to the best practices of the United States Department of Transportation. The attending provider, furthermore, failed to clearly identify all the medications that the applicant was using on multiple office visits, including on the June 17, 2015 office visit at issue. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.