

<b>Case Number:</b>	CM15-0140716		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/13/2003
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 59-year-old who has filed a claim for chronic shoulder, wrist, neck, upper back, and low back pain reportedly associated with an industrial injury of June 13, 2003. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve requests for urine drug testing, MRI imaging of the bilateral shoulders, MRI imaging of the cervical spine, MRI imaging of the lumbar spine, Neurontin, Prilosec, and a topical compounded agent. The claims administrator referenced an RFA form received on June 16, 2015 and an associated progress note of May 1, 2015 in its determination. The applicant's attorney subsequently appealed. On said May 1, 2015 progress note, the applicant reported multifocal complaints of arm, neck, shoulder, elbow, wrist, low back, hand, upper back, forearm, and hip pain, 7-9/10, with derivative complaints of anxiety, psychological stress, and insomnia. Activities of daily living as basic as lifting, carrying, dressing, walking, twisting, and cooking all remained problematic, the treating provider acknowledged. The applicant was described as exhibiting 180 degrees of shoulder range of motion bilaterally. Pain-limited lumbar range of motion was reported. Symmetric upper and lower extremity reflexes were reported. The applicant was asked to obtain MRI imaging of the right shoulder, left shoulder, cervical spine, and lumbar spine owing to "persistent symptoms". The applicant was placed off of work, on total temporary disability, while tramadol, Neurontin, Prilosec, and the topical compounded agent in question were all endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 UDT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** No, the request for a urine drug test (UDT) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, 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, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Here, however, there was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider did not state when the applicant was last tested via his May 1, 2015 progress note. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. While the attending provider renewed some of the applicant's medications, the attending provider did not seemingly incorporate the applicant's complete medication list into the body of the May 1, 2015 progress note at issue. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.

**1 MRI of both shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for MRI imaging of the bilateral shoulders is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulders for evaluation purposes without surgical indications is deemed "not recommended." Here, the requesting provider's May 1, 2015 progress note made no mention of how the proposed shoulder MRI studies would influence or alter the treatment plan. There was

no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the same. The fact that MRI studies of the bilateral shoulders, cervical spine and lumbar spine were concurrently ordered strongly suggested that said studies were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The fact that the requesting provider was a physiatrist/pain management physician (as opposed to a shoulder surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

### **1 MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for MRI imaging of the cervical spine is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. The fact that the requesting provider was a pain management physician/physiatrist (as opposed to a spine surgeon) significantly reduced the likelihood of the applicant's going on to consider and/or pursue surgical intervention based on the outcome of the same. The fact that multiple different MRI studies of the left and right shoulders, cervical spine, lumbar spine, etc., were all concurrently ordered strongly suggested that these studies were being ordered for routine evaluation purposes, without any clearly-formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

### **1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Similarly, the request for an MRI of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, as with the preceding request(s), there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that the requesting provider was a physiatrist (as opposed to a spine surgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same, as was the fact that multiple MRI studies were concurrently ordered via the same progress note. Therefore, the request is not medically necessary.

**Neurontin 100mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Similarly, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, no seeming discussion of medication efficacy transpired on May 1, 2015. The applicant was placed off of work, on total temporary disability, on that date. Ongoing use of Neurontin failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the same. Therefore, the request is not medically necessary.

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Similarly, the request for Prilosec, a proton pump inhibitor, is likewise not medically necessary, medically appropriate, or indicated here. The attending provider's May 1, 2015 progress note suggested that Prilosec was being employed for cytoprotective effect (as opposed to for actual 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 usage of Prilosec, a proton pump inhibitor, for cytoprotective effect purposes. Specifically, the applicant was less than 65 years of age (age 59), was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.

**Flurbiprofen 20%, baclofen 2%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.0375%, hyaluronic acid 0.20% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Finally, the request for a flurbiprofen-baclofen-dexamethasone containing topical compound is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound

formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.