

Case Number:	CM15-0171463		
Date Assigned:	09/11/2015	Date of Injury:	08/01/2013
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, Michigan

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:

This is a 63-year-old male with a date of injury of August 1, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder partial tear supraspinatus-acromioclavicular osteoarthropathy and possible labral tear; C5-6 disc protrusion with foraminal stenosis; and lower back pain with lower extremity symptoms. Medical records (August 7, 2015) indicate that the injured worker complains of cervical pain with right greater than left upper extremity symptoms rated at a level of 6 out of 10, right shoulder pain rated at a level of 5 out of 10, and lower back pain with left greater than right lower extremity symptoms rated at a level of 6 out of 10. A progress note dated June 12, 2015 notes subjective complaints of right shoulder pain rated at a level of 9 out of 10, and decline in range of motion of the right shoulder. The physical exam (August 7, 2015) reveals tenderness if the cervical and lumbar spine, limited range of motion, and positive straight leg raise bilaterally. The progress note dated June 12, 2015 documented a physical examination that showed tenderness of the right shoulder, swelling of the right shoulder, atrophy of the right deltoid musculature, decreased range of motion of the right shoulder, tenderness of the cervical spine, decreased range of motion of the cervical spine, diminished sensation right greater than left at the C6 and C7 dermatomal distributions, tenderness of the lumbar spine, decreased range of motion of the lumbar spine, and decreased sensation left greater than right at the L5 and S1 dermatomal distributions. Treatment has included physical therapy for the right shoulder that failed, medications (Tramadol, Cyclobenzaprine, Naproxen, and Pantoprazole since at least January of 2015; Hydrocodone since at least June of 2015), lumbar spine bracing, and transcutaneous electrical nerve stimulator

unit. A urine drug screen (June 12, 2015) showed negative findings for all tested medications. The original utilization review (August 27, 2015) non-certified a request for topical Gabapentin, a one year gym membership, urine drug screen, and partially certified a request for Hydrocodone 10 mg #30 (original request for Hydrocodone 10mg twice a day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg 2x/day: 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): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal that the injured worker is being weaned from opioids, however this request is not associated with a quantity, therefore the request for Hydrocodone 10mg 2x/day is not medically necessary.

Topical Gabapentin 6% 300gm: Overturned

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: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not

recommended is not recommended. A review of the injured workers medical records that are available to me does show a trial of recommended first line agents Lyrica, Gabapentin, SSRI;s that have failed, it is reported that the injured worker has a 4-5 /10 point decrease in his burning pain with the use of Gabapentin with documented improvement in tolerance for physical activity, the continued use appears appropriate in this injured worker, therefore the request for Topical Gabapentin 6% 300gm is medically necessary.

Gym Membership x1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

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 / gym membership.

Decision rationale: The MTUS did not specifically address the issue of gym membership therefore, other guidelines were consulted. Per the ODG, gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision". A review of the injured workers medical records does not reveal extenuating circumstances that would warrant deviating from the guidelines, therefore the request for Gym Membership x1 Year is not medically necessary.

Retro Urine Drug Screen DOS: 8/7/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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 / urine drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records reveals documentation of risk stratification and the injured worker is classified as high risk, therefore the request for Retro Urine Drug Screen DOS: 8/7/15 is medically necessary.