

Case Number:	CM15-0072179		
Date Assigned:	04/22/2015	Date of Injury:	01/01/2014
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old female, who sustained an industrial injury on 01/01/2014. On provider visit dated 03/30/2015 the injured worker has reported right shoulder pain, left shoulder pain, and bilateral arm pain. On examination of the right shoulder revealed a decreased range of motion. The diagnoses have included right shoulder A/C joint pain, supra and intra scapular pain and trapezial tendon pain. Treatment to date has included medication and home exercise program. The provider requested urine toxicology, menthoderm cream (unspecified) and appointment with orthopedic shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Urine Drug Testing Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction, the following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case, there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. The request is therefore not medically necessary.

Menthoderm cream (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the drug is a compound cream; therefore, the request is not medically necessary.

Appointment with Orthopedic Shoulder Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 207, 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

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

Decision rationale: CA MTUS/ACOEM Chapter 9 Shoulder, page 209, states that referral for surgical consideration be reserved for: Red flag conditions, Activity limitations for 4 months plus a surgical lesion, failure to improve range of motion plus a surgical lesion or clear demonstration on imaging of a lesion shown to benefit in short and long term from surgical repair. In this case, the office note from 3/30/15 does not demonstrate fulfillment of any of the above criteria. Therefore, the request is not medically necessary.