

Case Number:	CM15-0092578		
Date Assigned:	05/19/2015	Date of Injury:	11/01/2013
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/13/2015

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

Certification(s)/Specialty: Emergency 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 injured worker was a 47-year-old female, who sustained an industrial injury, January 1, 2010 through November 1, 2013. The injured worker previously received the following treatments arthroscopic surgery of the right shoulder, Motrin, Prilosec, Flurbiprofen/Lidocaine cream, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities and EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with cervical pain rule-out herniated disc, right shoulder full thickness supraspinatus tendon tear, bilateral carpal tunnel syndrome right greater than the left, physical therapy and status post right shoulder arthroscopic surgery on October 3, 2014. According to progress note of April 21, 2015, the injured workers chief complaint was cervical spine, lumbar spine, right shoulder, right wrist and bilateral hand pain. The injured worker rated the cervical spine pain at 9 out of 10, with radiation of pain into the upper extremities with numbness and tingling in the right hand and fingers. The injured worker was also complaining of low back pain, right shoulder, right wrist and bilateral hand pain which was rated at 7 out of 10. The right shoulder pain was slightly improved with 6 sessions of physical; therapy. The pain was improved by rest and pain medication. The pain was made worse by activity. The injured worker took Motrin for pain and Prilosec as needed, which brought the pain from 9 out of 10 to as 4 out of 10. The physical exam noted decreased range of motion to the cervical spine. There was tenderness over the paraspinals, right greater than the left. The Spurling's test was positive on the right. There was decreased strength and sensation on the right at C5, C6, C7 and C8. There was decreased sensation at 4 out of 5 on the left at C6 and C. The right shoulder revealed slightly decrease range of motion with flexion of 140 degrees, abduction of 100 degrees, adduction and extension of 40 degrees, internal rotation of 50 degrees and external rotation of 60 degrees. The results of the random toxicology studies were not available in the documentation provided for review. The treatment plan included a prescription for Flurbiprofen/Lidocaine

cream and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Urine Toxicology Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain, right shoulder, right wrist and bilateral hand pain, which was rated at 7 out of 10. The right shoulder pain was slightly improved with 6 sessions of physical; therapy. The pain was improved by rest and pain medication. The pain was made worse by activity. The injured worker took Motrin for pain and Prilosec as needed, which brought the pain from 9 out of 10 to as 4 out of 10. The physical exam noted decreased range of motion to the cervical spine. There was tenderness over the paraspinals, right greater than the left. The Spurling's test was positive on the right. There was decreased strength and sensation on the right at C5, C6, C7 and C8. There was decreased sensation at 4 out of 5 on the left at C6 and C. The right shoulder revealed slightly decrease range of motion with flexion of 140 degrees, abduction of 100 degrees, adduction and extension of 40 degrees, internal rotation of 50 degrees and external rotation of 60 degrees. The treating provider has not documented provider concerns over patient use of illicit drugs or non- compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Toxicology Screen, is not medically necessary.

Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 Gram: Upheld

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

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

Decision rationale: The requested Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 Gram is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain, right shoulder, right wrist and bilateral hand pain, which was rated at 7 out of 10. The right shoulder pain was slightly improved with 6 sessions of physical therapy. The pain was improved by rest and pain medication. The pain was made worse by activity. The injured worker took Motrin for pain and Prilosec as needed, which brought the pain from 9 out of 10 to as 4 out of 10. The physical exam noted decreased range of motion to the cervical spine. There was tenderness over the paraspinals, right greater than the left. The Spurling's test was positive on the right. There was decreased strength and sensation on the right at C5, C6, C7 and C8. There was decreased sensation at 4 out of 5 on the left at C6 and C. The right shoulder revealed slightly decrease range of motion with flexion of 140 degrees, abduction of 100 degrees, adduction and extension of 40 degrees, internal rotation of 50 degrees and external rotation of 60 degrees. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 Gram, is not medically necessary.