

Case Number:	CM15-0093667		
Date Assigned:	05/21/2015	Date of Injury:	12/28/2013
Decision Date:	09/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 42 year old female sustained an industrial injury on 12/28/13. She subsequently reported back, neck and shoulder pain. Diagnoses include cervical, lumbar and bilateral shoulder muscle spasm and right shoulder impingement syndrome. Treatments to date include nerve conduction, MRI and x-ray testing, chiropractic care and prescription pain medications. The injured worker continues to experience back pain and neck pain that radiates to the right shoulder. Upon examination, there is normal muscle strength and dermatome sensation noted. There is tenderness to palpation and muscle spasm of the bilateral trapezii. Shoulder depression causes pain on the right. There is muscle spasms of the lumbar paravertebral muscles. Left shoulder ranges of motion are within normal limits. A request for urine drug screen, range of motion testing, 6 sessions of physical therapy, Norco, Tramadol, Neurontin, Ambien and Catapres medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for URINE DRUG SCREEN. Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Methoderm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not provided a reason for the request. In review of the medical records provided, the patient had 6 UDS test reports, from 11/18/14 through 05/01/15. Guidelines indicate that urine drug screening is recommended for monitoring compliance with prescribed medications. However, the medical records provided do not indicate that the patient was prescribed opioids or other substances that require monitoring. Without a proper opiate risk assessment, frequent UDS's would not be indicated. Therefore, the request IS NOT medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for IBUPROFEN. Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Methoderm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can

resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss request. Patient has received prescriptions for Ibuprofen from 10/14/14 through 04/28/15. In this case, the treater has not documented how this medication has been effective in management of patient's pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request IS NOT medically necessary.

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for PRILOSEC. Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Mentherm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. MTUS page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) Treater does not discuss request. In this case, only two

progress reports were provided and Prilosec was included in patient's medication in report dated 03/12/15. It is not clear how long the patient has been on this medication. The treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or an anti-coagulants concurrently. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request IS NOT medically necessary.

Menthoderm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for MENTHODERM. Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Menthoderm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. Menthoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The progress reports provided were hand-written and not legible. The treater does not discuss this medications. Patient has been prescribed Menthoderm Gel from 10/14/14 and 04/28/5. MTUS supports the use of this medication for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Patient's diagnosis include right shoulder rotator cuff tendinosis and bursitis, and right shoulder AC joint arthrosis. Given the patient's continued pain, this medication would be indicated. However, the treater has not documented the efficacy of this medication and how it is helping the patient in terms of pain and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request IS NOT medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional improvement measures.

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for RANGE OF MOTION TESTING. Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Methoderm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. The MTUS and ACOEM Guidelines do not address this request; however, ODG-TWC, Pain Chapter under Functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The treater does not discuss this request. The records do not show any diagnostic ROM and muscle testing. The ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine examination and the treater does not explain why a range of motion and muscle testing is requested as a separate criteria. They should be part of an examination performed during office visitation. The request IS NOT medically necessary.

Physical therapy (6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents with pain in the neck and right shoulder. The request is for PHYSICAL THERAPY (6 SESSIONS). Patient is status post right shoulder surgery 02/05/15. Physical examination to right shoulder on 02/19/15 revealed tenderness to palpation over the acromion process and the distal right supraspinatus tendon. Per 05/21/15 progress report, patient's diagnosis include right shoulder pain and dysfunction, right shoulder impingement, right shoulder rotator cuff tendinosis and bursitis, right shoulder AC joint arthrosis, and s/p right shoulder arthroscopy with subacromial decompression, debridement and DCR 2/5/2015. Patient's medications, per 04/28/15 progress report include Ibuprofen, Prilosec, and Methoderm Cream. Per 03/11/15 progress report, patient is to remain off-work until 04/24/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are

recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG Shoulder chapter, under Physical therapy has the following: "Post-surgical treatment, open: 30 visits over 18 weeks." The treater has not specifically addressed this request. Patient is status post right shoulder arthroscopy with subacromial decompression, debridement and DCR and continues with right shoulder pain. Given the patient's condition, a short course of therapy would be indicated. However, review of the medical records provided indicate that the patient has completed 10 physical therapy sessions from 03/06/15 through 04/17/15. Patient is not within post operative time period, as the surgery was on 02/05/15. Treater has not indicated why patient cannot move on to home therapy program. Furthermore, the request for 6 physical therapy sessions exceeds what is allowed per MTUS. Therefore, the request IS NOT medically necessary.