MAXIMUS Federal Services

Case Number:	CM13-0001482		
Date Assigned:	01/10/2014	Date of Injury:	03/01/2013
Decision Date:	06/19/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on March 01, 2013. The mechanism of injury was that the injured worker was replacing a light fixture, which was stuck, and as he held the fixture with his arm in an awkward position, he injured his left shoulder. Prior conservative treatments included medications, an arm sling, a cervical pillow, modified duty, and 14 sessions of physical therapy. The injured worker's medication history included Flexeril, Ultracet, and Polar Frost topical as of March 04, 2013. The documentation of May 06, 2013 revealed that the injured worker had been having some psychiatric issues and anxiety and panic attacks, and had a pending psychiatric appointment. The documentation of June 03, 2013 revealed that the injured worker received a prescription for Restoril 30mg by mouth at bedtime for sleep. It was indicated that the injured worker would like to trial acupuncture. It was indicated that the injured worker would continue with physical therapy. The documentation of June 05, 2013 revealed that the injured worker had subjective complaints of left shoulder pain radiating to the upper back and neck which was increased with pushing, pulling, and reaching and had difficulty sleeping. The injured worker had anxiety, stress, and depression secondary to pain and disability as well as harassment at work. The objective physical findings included that the injured worker had tenderness over the parascapular region and subacromial region extending to the anterior capsule and an acromioclavicular joint with associated trapezius muscle spasms. The impingement test was positive, as was the cross arm test. There was slight breakaway weakness with Codman's drop arm test. The range of motion was decreased and there was grade 4 to grade 5 weakness in all planes with manual muscle testing. The diagnoses included left shoulder impingement and parascapular strain with reportedly abnormal MRI findings per the injured worker, emotional complaints deferred to consulting treating psychiatric specialist, and insomnia deferred to consulting treating sleep specialist. The treatment plan included Ultram and

Sonata, acupuncture, a home interferential (TENS) unit, a psychiatric consultation, and a sleep consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEUS ELECTRICAL NERVE STIMULATION (TENS) UNIT QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed including medications and have failed. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating that the injured worker had neuropathic pain. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for a transcutaneous electrical nerve stimulation unit is not medically necessary.

TRANSCUTANEUS ELECTRICAL NERVE STIMULATION (TENS) SUPPLIES QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 116

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested TENS unit was found to be medically unnecessary, the requested supplies are not necessary.

PSYCHIATRIST CONSULTATION QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicien Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a psych consult if there if evidence of depression, anxiety, or irritability. The clinical documentation of May 2013 revealed that the injured worker had a pending psychiatric appointment. There was lack of documentation indicating a necessity for an additional consultation. Given the above, the request for a psychiatrist consultation is not medically necessary.

SLEEP CONSULTATION QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicien Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California MTUS Guidelines indicate that if the injured worker's complaints persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated that the injured worker was experiencing sleep difficulty due to pain and only slept 3 to 4 hours a night with resultant daytime drowsiness and decreased alertness due to pain and disability. However, the clinical documentation submitted for review indicated that the injured worker had been prescribed the medication Restoril for sleep. There was a lack of documented efficacy for the requested medication and a lack of documentation of a failure of treatment to support the necessity for a consulation. Given the above, the request for a sleep consultation is not medically necessary.

FEXMID 7.5 MG QUANTITY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing muscle relaxants since 04/2013. There was a lack of documentation of objective functional improvement. As such, continued use of the medication would not be supported. The submitted request failed to indicate the frequency for the requested medication. Given the above, the request for Fexmid 7.5 mg is not medically necessary.

SONATA 10MG QUANTITY: 30.00: Upheld

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

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, Insomnia Treatment

Decision rationale: The Official Disability Guidelines indicate that non-benzodiazepines sedative hypnotics are the first line medication for insomnia, which includes Sonata. However, the clinical documentation indicated that the injured worker was prescribed Restoril as a treatment for insomnia. There was a lack of documented rationale for two medications for insomnia. There was a lack of documentation of the injured worker's response to the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sonata 10 mg, is not medically necessary.