

Case Number:	CM13-0003425		
Date Assigned:	12/04/2013	Date of Injury:	12/24/2005
Decision Date:	01/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented 58-year-old [REDACTED] who has filed a claim for cumulative trauma to the right shoulder, right hand, right elbow, neck reportedly first claimed on January 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; prior shoulder surgery; a TENS unit; and extensive periods of time off of work. The applicant has, it is incidentally noted, retired from her former employment. In a utilization review report of July 18, 2013, the claims administrator denied the request for a functional restoration program evaluation, denied a CBC, certified a CMP, denied a urine drug screen, and certified a pain management consultation. The applicant's attorney later appealed, on July 25, 2013. A later note of November 21, 2013 is notable for comments that the applicant is using Motrin for pain relief. She is depressed. She is trying to find a way to deal with the pain. She is not interested in seeing pain management, it is noted. She is on Prilosec, Protonix, and Zantac for gastritis. She is having sleep disturbance. She is given refills of Norco, Motrin, Prilosec, Zantac, Terocin, and LidoPro. In an earlier note of October 24, 2013, it is stated that the applicant is receiving permanent partial disability payments and Social Security disability payments. It is stated that the applicant would like to appeal the denial for the functional restoration program for the purposes of evaluating her capacity. The applicant is using Flexeril, Terocin, Norco, and Zantac, it is stated

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patient with intractable Pain and Criteria for general use of multidisciplinary pain management.

Decision rationale: While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does state that an evaluation for a functional restoration program/multidisciplinary pain management program can be considered for an applicant who is prepared to make the effort to try and improve, in this case, the information on file seemingly suggests that the applicant is not intent on making the effort to try and improve. It was stated in November 2013 note referenced above that the applicant had lost interest in pursuing a pain management consultation and was preparing to settle her claim. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines states that one of the criteria for consideration of functional restoration program is evidence that an applicant is willing to improve, including by foregoing disability payments. There is no indication or evidence that she would be willing to try and improve. Therefore, the proposed evaluation for the functional restoration program remains non-certified, on independent medical review.

Complete blood count (CBC): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring for those individuals using NSAIDs include a CBC. The November 2013 note referenced above suggested that the applicant is, in fact, using Motrin, an NSAID. CBC to evaluate the applicant's hematologic function is, accordingly, indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

Urine analysis (U/A): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing..

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing on chronic pain population, the MTUS does not identify or establish specific parameters for or suggest the frequency with which to perform urine drug testing. As noted in the ODG chronic pain chapter urine drug testing topic, an attending provider should furnish a list of drug tests and drug panels which he is testing for along with the request for authorization for drug testing. In this case, the attending provider did not clearly state or furnish a list of drug tests and/or drug panels. Furthermore, the attending provider did not attempt to classify the applicant into a low risk, moderate risk, and/or high risk rubric for which more or less frequent urine drug testing would be warranted. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.