

Case Number:	CM13-0015118		
Date Assigned:	03/26/2014	Date of Injury:	06/01/2010
Decision Date:	05/20/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left arm, shoulder, rib, elbow, and low back pain reportedly associated with an industrial injury of June 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier elbow arthroscopy; earlier shoulder arthroscopy; corticosteroid injection therapy; functional capacity testing; and extensive periods of time off of work. In a Utilization Review Report of August 6, 2013, the claims administrator denied a request for a Functional Capacity Evaluation performed on July 8, 2013, and denied a request for hydrocodone and ketoprofen seemingly dispensed on June 26, 2013. The claims administrator noted that the FCE report suggests that the applicant could not return to work as a bus driver. In a progress report of February 14, 2014, the applicant was described as permanent and stationary, with ongoing complaints of low back pain. The applicant was on Norco and Elavil for pain relief, both of which were renewed. Radiofrequency rhizotomy procedures were endorsed. The applicant acknowledged in a self-questionnaire of February 14, 2014 that he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION DOS: 7/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125; 137-138.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support functional capacity testing as a precursor to enrollment in a work hardening or work conditioning course, in this case, however, there was no evidence that the applicant was in fact intent on attending work hardening and/or work conditioning course. Rather, the information on file suggested that the applicant has not worked in years, no longer had a job to return to, etc. It is unclear why FCE testing was sought as the Chapter 7, ACOEM Guidelines further note that FCE testing is not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the FCE in question was superfluous, for all the stated reasons. Therefore, the request is not medically necessary and appropriate.

HYDROCODONE/APAP 5/325 #135 DOS: 6/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Hydrocodone-Acetaminophen is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, it appears that two of three aforementioned criteria were met. The applicant and attending provider have consistently reported diminished pain scores and improved ability to perform non-work activities of daily living and household chores as a result of ongoing Hydrocodone usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary and appropriate.

KETOPROFEN 75MG #90 (DOS: 6/26/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-83.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs such as ketoprofen do represents the traditional first-line of treatment for various chronic pain conditions, including the chronic low back reportedly present here. The applicant was described as using oral ketoprofen with reportedly good effect on an office visit of August 9, 2013, at which point, the applicant contended that ongoing usage of pain medications was diminishing his pain levels and allowing for increased levels of function without evidence of adverse effects. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary and appropriate.

