

Case Number:	CM13-0036955		
Date Assigned:	12/13/2013	Date of Injury:	04/05/2012
Decision Date:	05/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology has a subspecialty in Acupuncture and Pain 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:

This is a 50 year old injured male worker with a date of injury of 4/5/12 resulting in related pain in the low back, neck, and right knee. Per 11/19/13 progress report, his chief complaint was continued resting tremor in the right upper extremity and left upper extremity occasionally, as well as a history of seizures. His diagnosis included internal derangement of the right knee; right shoulder rotator cuff tear and tendinitis; cervical radiculitis; lumbar strain; movement disorder; sustained seizures; and internal injury to his lungs. Per 9/30/13 evaluation, he has no previous history of inpatient or outpatient psychiatric treatment; he has diabetes, new onset since the accident; significant stuttering with neurological impairment secondary to fume exposure with possible pulmonary involvement and also history of a pulmonary nodule. Following his industrial accident he has a history of confusion, problems with short-term memory, chronic depression with feelings of despair, helplessness and hopelessness. He utilizes a TENS unit which is noted to help his pain. The records submitted for review do not indicate that physical therapy has been utilized. The date of UR decision was 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED WHEELCHAIR: Overturned

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 SECTION ON POWER MOBILITY DEVICES Page(s): 99.

Decision rationale: With regard to motorized wheelchairs, the MTUS Chronic Pain Medical Treatment Guidelines, states: "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." Per 9/30/13 psychiatric evaluation, "He needs assistance of a walker to ambulate his body. Periodically he jerks and is wobbly constantly. He has myoclonic type of jerks in the extremities." I respectfully disagree with the UR physician's assertion that there is no indication that the injured worker requires a motorized wheelchair over a manual one. 11/19/13 progress note, which was not available to the UR physician clarifies that the wheelchair is requested due to the injured worker's multiple falls. Motorized rather than a manual is requested due to his upper extremity tremors and shoulder rotator cuff tear. The request is medically necessary and certified.

RIGHT KNEE AND RIGHT SHOULDER EVALUATION WITH [REDACTED] ::
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines EFFECTIVE JULY 18, 2009. Decision based on Non-MTUS Citation ACOEM 2004, OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, CHAPTER 13 ON KNEE, REFERRAL FOR SURGICAL CONSULTATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's assertion that conservative care should be exhausted prior to consultation as this case is complex and MTUS does not stipulate conservative care must be exhausted prior to consultation; furthermore, the documentation submitted for review do not indicate that this is a surgical referral which is the grounds of the UR physician's denial. Referral to a specialist will guide the treatment plan. The request is medically necessary.

NORCO, 2 TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS FOR BACK PAIN AND CHRONIC PAIN Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, Urine Drug Screening, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Additionally, the request does not contain dose or quantity information. The request is not medically necessary.

SOMNICIN FOR SLEEP: 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 (CHRONIC), INSOMNIA TREATMENT.

Decision rationale: The MTUS is silent on the use of Somnicin. With regard to insomnia, ODG Guidelines "recommend that treatment be based on the etiology, with the medications after a thorough assessment is performed on the patient's sleep patterns. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The latest available medical record dated 11/19/13 does not specify insomnia or sleep disturbance as an issue. The request is not medically necessary.