MAXIMUS Federal Services

Case Number:	CM13-0041131		
Date Assigned:	04/25/2014	Date of Injury:	04/10/2012
Decision Date:	07/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

[redacted] is a 46 yeaar old woman who sustained a work related injury on April 10 2012. Subsequently she developed chronic shoulder pain. According to a note dated on August 28, 2013, the patient developed shoulder and writst pain as well as back pain. His physical examination demonstrated bilateral shoulder, cervical and lower back tenderness with limited range of motion. The patient was diagnosed with bilateral shoulder strain, cervical strain, right rotator cuff, knees sprain and right wrist sprain.The provider requested authorization for the following procedures and medications addressed below.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,Chronic Pain Treatment Guidelines pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a

documentation supporting the medical necessity for a pain management evaluationwith a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003). There is documentation of an active lumbar issue. There is no documentation of severe disabling back pain that is consistent with the patient including patient imaging study and activity limitation from radicular symptoms. The patient was already approved for a pain management consulation in the progeress note of August 28 2013, and there is no reason to duplicate this consultation. Therefore the request for pain management consultation is not medically necessary.

1 RIGHT DEQUERVAINS CORTISONE INJECTION: 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), Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand (Acute & Chronic).

Decision rationale: According to ODG guidelines, cortisone injection is recommended in case of Quervain's Tenosynovitis and symptoms usually resolve after a single injection.The patient was previously treated with wrist steroid injection with dramatic improvement. However there no recent documentation of wrist tenderness and limited range of motion that requires another steroid injection. Therefore, the request for right Dequervains Cortisone Injection is not medically necessary.

1 SUBACROMIAL STEROID INJECTION FOR THE RIGHT SHOULDER UNDER ULTRASOUND GUIDANCE: 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: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to MTUS guidelines, cortisone injection is indicated in case on shoulder impingement syndrome. The patient already underwent a right shoulder cortisone injection per August 28 2013 report with good relief. The most recent documentation reported

occasional shoulder pain and tenderness without dramatic reduction of range of motion. Therefore, the prescription 1 subacromial steroid injection for the right shoulder under ultrasound guidance is not medcially necessary.

TYLENOL #4 (UNKNOWN QUANTITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids, Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Tylenol#4 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute pot operative pain. It is nor recommeded for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction and functional improvement with previous use of Tylenol. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tylenol). There no clear documentation of the efficacy/safety of previous use of Tylenol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. There is no clear justification for the need to continue the use of Tylenol#. Therefore, the prescription of tylenol #4 (unknown quantity) is not medically necessary at this time.

60 FEXMID 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified.The request is not medically necessary.