

Case Number:	CM13-0044824		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2007
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 46-year-old female who sustained an injury on 10/29/2007 when a box of lettuce weighing approximately 55 pounds landed on her right shoulder. The documentation dated 08/21/2013 indicates the patient had pain in the right side of her neck, right upper extremity, right side of her upper to lower back, and lower extremity. The patient's treatment was documented as physical therapy, exercise program, surgery, and psychotherapy to improve her condition. The documentation indicated the patient described pain medication as having no change in her condition. The physical examination on 08/21/2013 indicated for the cardiovascular physical exam, the patient had positive S1 and S2, for the neurological physical exam, it was noted the patient had sensory deficit in an L5 distribution on the right as well as in the C6-7 distribution on the right. The patient did not demonstrate any allodynia or hyperalgesia, musculoskeletal had positive straight leg raising and dural tension provocative for radicular component in right lower extremity, positive Spurling's and pain to palpation over sternocleidomastoid on the right as well as tenderness over the neck musculature. The diagnoses were listed as lumbar radiculopathy, cervical radiculopathy, depression and anxiety, myofascial pain, and facet arthropathy likely, which may be contributing to neural foraminal narrowing. It was documented the patient had undergone conservative therapy, including physical therapy, home exercise regimen, aqua therapy, as well as a trial of steroid injections into her shoulder. The patient then underwent a right shoulder operative arthroscopy with rotator cuff repair, subacromial decompression, and biceps debridement. The patient was documented as permanent and stationary for her right shoulder; however, she is not permanent and stationary for her cervical spine and lumbar spine injury. The review of medical records performed on 08/21/2013 indicates the patient had significant improvement with physical therapy for her right shoulder pain. The patient underwent a psychiatric evaluation on 02/11/2011 per the documentation

submitted for review dated 08/21/2013 which indicated the patient had major depressive disorder with anxiety and elements of PTSD, chronic pain syndrome associated with both psychological factors and a general medical condition. It was noted the patient had previously undergone psychiatric care and felt much better. The documentation submitted for review indicated the patient had not been working since 2008, had been using opioids for treatment of her pain, suffered from depression and anxiety, and had inconsistent findings with outcomes of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive interdisciplinary evaluation at the [REDACTED] including physician examination, physical therapy evaluation and psychological assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Section Page(s): 30.

Decision rationale: The request for one intensive interdisciplinary evaluation of the HELP (health education for living with pain) program, including physician examination, physical therapy evaluation, and psychological assessment is non-certified. The California MTUS Guidelines recommend functional restoration programs for patients with risk of delayed recovery. The documentation submitted for review indicated the patient had been under care for a prolonged period of time with delayed recovery. However, the California MTUS Guidelines state that there are variables that are negative predictors of efficacy of treatment. The documentation submitted for review indicated the patient suffered from depression and anxiety which is contraindicated for the program admission. The guidelines state poor work adjustment and satisfaction would be an indicator for failure of the program. The patient was taking opioids at the time of the assessment. The guidelines state prevalence of opioid use is also a predictor of failure in the program. The guidelines further demand that patients exhibit motivation to change and are willing to forego secondary gains (including disability payments) to affect this change. The documentation submitted for review did not indicate whether the patient was willing to participate in a functional restoration program. It is additionally noted the patient has not worked since 2008 which would be contraindicated for the functional restoration program as the program recommends a positive relationship with the employer or supervisor. The guidelines further indicate that financial hardship is a predictor of failure in the program. Given the patient is clearly not a candidate for the functional restoration program, an evaluation for stated program is not supported. Given the information submitted for review, the request for one intensive interdisciplinary evaluation the HELP (health education for living with pain) program, including physician examination, physical therapy evaluation, and psychological assessment is non-certified.

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Section Page(s): 49.

Decision rationale: The request for one prescription of Gabapentin 300 mg is non-certified. The documentation submitted for review indicated the patient had been treated with Hydrocodone/APAP 10/325 mg 1 to 2 tablets daily, Bupropion HCl 75 mg 4 times a day, and Clonazepam 4 mg daily. The efficacy of medications was not submitted for review. The treatment plan indicated the patient was being recommended to initiate treatment with Gabapentin 300 mg for medical optimization. The California MTUS Guidelines state Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted for review did not have indications of use for the medication. It was noted the patient did suffer from lumbar radiculopathy, cervical radiculopathy, and myofascial pain. However, the patient was already being treated medicinally and had no indications as to the efficacy of previous medications. It is additionally noted that the request for 1 prescription of Gabapentin 300 mg does not indicate the quantity of the medication requested. The quantity of the medication is needed to ensure the duration to be adequate for re-evaluation of the patient's efficacy of treatment and allow for adjustments based on outcome. Given the information submitted for review, the request for 1 prescription of Gabapentin 300 mg is non-certified.