

Case Number:	CM13-0049789		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2010
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Interventional Spine and is licensed to practice in .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 53 year old female with date of injury on 05/24/2010. The progress report dated 10/21/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Chronic sprain/cervical spine. 2. Disk bulge at C5-C6, 3-mm disk protrusion at C6-C7, 2.5 mm minor disk bulge at C4-C5. 3. Overuse syndrome, both upper extremities. 4. Chronic strain, thoracolumbar spine. 5. Chronic contusion/sprain, bilateral knees. 6. Internal derangement, both knees, MRI 02/24/2011. 7. Mild status post bilateral knee arthroscopies, right in 2001 and left in 2002. 8. Ruptured Achilles tendon, left ankle in childhood. 9. Status post left total knee arthroplasty with [REDACTED]. 10. Irritable bowel syndrome by history. 11. Right carpal tunnel release. The patient complains of pain in multiple areas rated at 8/10. She has discomfort in her right hand and wrist, right shoulder, lumbar spine with associated shooting pain down the left hip and bilateral knee pain. The patient is temporarily totally disabled. The patient continues to take Vicodin and Tizanidine for medication use for pain. The patient had a consistent urine drug screen in July of 2013. The patient was noted to be taking Zanaflex for muscle spasms. The request was made for urine drug testing at her next visit. No documentation of level of risk for aberrant drug-seeking behavior. There was a previous request for authorization for an ergonomic chair for the patient that will not exacerbate the symptoms that she is presently experiencing, particularly in the neck and lumbar spine. It was also noted that there were prior requests for authorization for pain management consultation, internal medicine consultation, and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient has significant pain rated at an 8/10 which includes bilateral knee pain, low back pain, right shoulder pain, and right hand and wrist pain. Medical Treatment Utilization Schedule (MTUS) page 111 through 113 regarding topical analgesics or topical NSAID therapy recommends topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Request for Flector patches appears to be supported by the guidelines noted above and appear to be reasonable in this case as the patient does have chronic knee pain. Therefore, authorization is recommended.

Urine Drug Testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Pain chapter for Urine Drug Testing.

Decision rationale: The records appear to indicate the patient had a consistent urine drug screen in July of 2013. Progress reports dated 09/12/2013, 09/18/2013, and 10/21/2013 each appear to request urine drug screen. It is unclear if any of these other requests for urine drug screens were done. The only urine drug testing report I found for review was dated 07/25/2013, which was consistent. MTUS Guidelines page 94 through 95 recommends frequent random urine toxicology screens to avoid opioid misuse. The patient is taking Vicodin for pain relief. MTUS is silent on the actual number of recommended urine drug screens per year; however, ODG Guidelines state that frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at low risk of addiction and aberrant behaviors should be testing within 6 months of initiation of therapy and on a yearly basis thereafter. The treating physician does not document any rationale as to why this patient might be greater than a low-risk patient. The only urine drug screen that was mentioned was the one done in July of 2013, which was consistent. Records indicate the patient had consistent urine drug screens in April of 2013 as well as May of 2013. Therefore, routine urine drug testing should only be done yearly unless there is evidence of any aberrant behavior. Therefore, recommendation is for denial.

Ergonomic Chair: Overturned

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 on Official Disability Guidelines ODG-TWC guidelines, Knee Chapter.

Decision rationale: The progress report dated 09/12/2013 indicates that the patient reported having an ergonomic chair at work, which has been used by several people and it is now dysfunctional. What she presently has is spring-loaded. When she steps off of the chair, it rises about an inch or so and the constant readjustment of the chair causes discomfort. American College of Occupational and Environmental Medicine (ACOEM) Guidelines, page 6 through 11, regarding work design states that "all seating should be fully adjustable to accommodate workers of different heights and body habitus." Official Disability Guidelines (ODG) knee chapter online for DME states that "durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." It appears that this patient was getting flare-ups of pain in her neck and back according to the records that were caused by having to readjust the chair as it was no longer functional as it used to be at her workstation. The request for a new ergonomic chair appears to be reasonable. Therefore, authorization is recommended.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient has continues significant 8/10 pain in multiple body areas including the right shoulder, right upper extremity, lumbar spine, and bilateral knees. According to American College of Occupational and Environmental Medicine (ACOEM) page 127 states that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. It appears this patient was taking Vicodin for pain relief but was struggling with an 8/10 pain. It is unclear if the patient's pain was reduced with the Vicodin or not. The request for a pain management consultation for medication management appears to be reasonable as the patient's pain does not appear to be adequately controlled with current pain medication. Therefore, authorization is recommended.

Internal medicine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient appears to have chronic pain in the right shoulder, right upper extremity, low back pain, and bilateral knees. The medical records appear to indicate that between dates of service of 08/20/2013 and 09/12/2013, there was a request for internal medicine consultation. It is unclear what rationale the treater had for requesting this. The progress report dated 09/12/2013 indicates the patient was suffering with symptoms of irritable bowel syndrome. She had seen [REDACTED], who had performed upper GI endoscopy. [REDACTED] had indicated to the patient that this was not his area of expertise and instructed the patient to speak with [REDACTED] in terms of the medication and the treatment for this particular disorder. ACOEM Guidelines, page 127, states that "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." It appears the patient has significant GI symptoms and was treating with [REDACTED]. This appears to be the reason for the internal medicine consultation. This request appears to be reasonable. Therefore, authorization is recommended.

Functional capacity assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM Guidelines, page 137, regarding functional capacity evaluation states that "the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations." It further states that "the employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." I was unable to identify any documentation by the treating physician regarding how functional capacity evaluation was crucial to this patient's care. ACOEM further states that functional capacity evaluations have little scientific evidence confirming that they predict an individual's actual capacity to perform in the workplace. Therefore, the request for functional capacity evaluation does not appear to be supported and/or reasonable. Recommendation is for denial.