

Case Number:	CM13-0070131		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2011
Decision Date:	07/10/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & 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 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 injured worker is a 40-year-old who reported an injury on 12/22/2011; the mechanism of injury was reported as a box falling on top of the injured worker. Within the clinical note dated 10/21/2013 it was noted that the injured worker had continued symptoms that were unchanged from the previous visits. It was further noted that the psychological treatments continued to help. The functional change since the last examination was reported as no change and the injured worker was to be released on modified duty. The patient's diagnoses included lumbar pain, carpal tunnel syndrome, cervical sprain, shoulder RCT, and shoulder IS. The medication list included Norco 5 325 twice a day, Prilosec 20 mg daily, and cyclobenzaprine cream. It was further reported that the injured worker was experiencing sleep disturbances with stress and anxiety with difficulty rising from a sitting position. The physical exam revealed Phalen and Tinel's testing in the right wrist. The request for authorization form was not provided within the submitted medical records, nor the rationales.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FINAL FUNCTIONAL CAPACITY EVALUATION: 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), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for 1 final functional capacity evaluation is non-certified. The Official Disability Guidelines do not recommend functional capacity evaluations to be used as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The Guidelines further state there are contraindicated criteria that would include the sole purpose of an FCE is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. Given the rationale was not provided within the submitted medical records for the utilization of a functional capacity evaluation it cannot be determined the purpose of functional capacity evaluation. Without further documentation to provide rationale for the functional capacity evaluation the request cannot be supported at this time by the Guidelines. As such, the request is non-certified.

1 ROM/MT: 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), Forearm, Wrist, & Hand, Computerized muscle testing.

Decision rationale: The request for 1 ROM/MT is non-certified. The Official Disability Guidelines do not recommend computerized muscle testing due to the fact that there are no studies to support computerized strength testing of the extremities. The Guidelines further state that deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance and be deemed an unneeded test. Due to the request being contraindicated by the Guidelines for utilization, the request at this time cannot be supported by the Guidelines. As such, the request is non-certified.

60 NORCO 5MG WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

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

Decision rationale: The request for 60 Norco 5 mg with 1 refill is non-certified. The California MTUS Guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patient on opioids: pain relief, side effects, physical and psychosocial functioning, and the addressing of potentially aberrant (or non-adherent) drug related behaviors.

There is a lack of documentation that the injured worker had a urine drug screen to validate proper medication adherence in the submitted paperwork. In addition, the submitted documentation failed to assess the injured worker's pain with or without the medication to establish efficacy of the medication. Lastly, the documentation failed to show that the injured worker had significant functional gains from utilizing the medication. Without documentation of proper pain assessments and documented objective signs of functional improvement, the request at this time cannot be supported by the Guidelines. As such, the request is non-certified.

30 PRILOSEC 20 MG WITH 1 REFILL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: The request for 30 Prilosec 20 mg with 1 refill is non-certified. The Official Disability Guidelines recommend proton pump inhibitors when patients are at risk for gastrointestinal events. Throughout the submitted documentation there was no indicated evidence that the injured worker was showing any signs of gastric distress that would have been indicated for usage by the guidelines, nor documentation the injured worker utilizing high dosages of NSAIDs. Without documentation of the injured worker indicated for being at risk for gastrointestinal events or documentation of the injured worker reporting adverse effects from medication being taken, the request cannot be supported at this time by the guidelines. As such, the request is non-certified.

CYCLOBENZAPRINE CREAM 60GM WITH 1 REFILL: Upheld

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): 111-112.

Decision rationale: The request for cyclobenzaprine cream 60 mg with 1 refill is non-certified. The California MTUS Guidelines state that topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Furthermore, the guidelines state that there is no evidence for use of any other muscle relaxants as a topical product. Given the request is in a topical form that is not recommended by the guidelines, the request cannot be supported by the guidelines at this time. As such, the request is non-certified.