

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0007525 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 05/10/2012 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male whose date of injury is 05/10/2012. Progress report dated 09/18/13 indicates diagnoses are bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, left knee medial meniscus tear and elevated blood pressure. On physical examination bilateral shoulder range of motion is forward flexion 160, extension 30, abduction 160, adduction 50, internal rotation 80 and external rotation 80 degrees. Impingement and supraspinatus are positive bilaterally. Bilateral wrist range of motion is normal. Left knee range of motion is 0-120 degrees. Two boxes of Terocin pain patch, one extracorporeal shockwave therapy for the shoulders, drug screen testing, psychological evaluation with treatment consult, and orthopedic evaluation consult has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO BOXES OF TEROGIN PAIN PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore two boxes of terocin pain patch is not medically necessary and appropriate.

ONE EXTRACORPOREAL SHOCKWAVE THERAPY FOR THE SHOULDERS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT) Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter, Extracorporeal Shock Wave Therapy.

Decision rationale: The Official Disability Guidelines support extracorporeal shockwave therapy for the treatment of calcifying tendonitis but not for the treatment of other shoulder disorders. There is no comprehensive assessment of treatment completed to date submitted for review. The submitted records document a diagnosis of bilateral shoulder sprain/strain. There is no current, detailed physical examination submitted for review, and there are no current imaging studies/radiographic reports provided. Therefore, the request for one extracorporeal shockwave therapy for the shoulders is not medically necessary and appropriate.

DRUG SCREEN TESTING: Upheld

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 Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option, to assess for the use or the presence of illegal drugs. Additionally, it noted the use of random drug screens with chronic opioid use. However, there is no indication in the documentation that the patient is currently utilizing opioid medications or under suspicion of diversion of medications. The request for drug screen testing is not medically necessary and appropriate.

PSYCHOLOGICAL EVALUATION WITH TREATMENT CONSULT: Upheld

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 Psychological Evaluations Page(s): 100-101.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "Recommended: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." The submitted records fail to document the presence of significant psychological indicators which have impeded the patient's progress in treatment completed to date. There is no documentation of anxiety, depression or fear avoidance throughout the submitted medical records. The request for psychological evaluation with treatment consultation is not medically necessary and appropriate.

ORTHOPEDIC EVALUATION CONSULT: 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 MTUS: ACOEM, 7, 127.

Decision rationale: Based on the medical records provided for review there is no clear rationale provided to support the requested consultation. There is no indication of how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM Guidelines. The request for orthopedic evaluation consultation is not medically necessary and appropriate.