MAXIMUS Federal Services

Case Number:	CM14-0008821		
Date Assigned:	02/12/2014	Date of Injury:	03/23/2003
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery 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:

The injured worker is a 62-year-old female, injured in March, 2003. The mechanism of injury is reported as a slip and fall. There was non-certification of the request for the medication Norco, Amitiza, Soma, as well as several blood studies. A shoulder injury was noted an additional complaints evolved from that. A permanent and stationary status was assigned, and an impairment rating calculated. A subsequent electrodiagnostic assessment noted a marked decrease in right shoulder range of motion. The clinical assessment was a rotator cuff defect with an arthrofibrosis, a left shoulder bicipital tendinitis, cervical muscle spasm and a lumbar strain. Multiple interventions for the shoulder issues are noted. A continuous use of the medication Norco and Soma is reported. The most current progress note reviewed (February 3, 2014) notes ongoing complaints of right shoulder pain. The pain is described as 10/10. The physical examination the right shoulder noted no warmth, no erythema, and some crepitus. A marked reduction in shoulder range of motion is reported. The diagnosis was noted as a rotator cuff tear, impingement syndrome and mild fasciitis. A total shoulder replacement is also noted. Ongoing emotional and psychiatric issues are described as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: This medication is a short acting opioid combined with acetaminophen. When noting the date of injury, the treatment rendered, the comorbidities identified as well as the ongoing pain complaints of 10/10, there is no objectification of any functional improvement or pain relief. In addition, The California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not recommend long term, indefinite use. Therefore, the request is not medically necessary

AMITIZA 24 MCG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The most recent progress notes do not identify significant constipation as being present. Furthermore, when noting that the responsible entity (Norco) is no longer clinically indicated, the issue should be resolved. Therefore, when noting there is no idiopathic constipation and that the opioid medications should be discontinued, there is no indication for the indefinite use of this medication. Therefore, the request is not medically necessary.

SOMA 350 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: This medication is not recommended for long-term use. A chemical derivative (meprobamate) requires careful monitoring and a specific weaning protocol. Therefore, this medication is not medically necessary, but appropriate steps should be taken to carefully discontinue this medication.

LIVER FUNCTION TEST: 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) formulary (May, 2014)

Decision rationale: Such laboratory studies are indicated with the chronic use of non-steroidal medication. There is no indication that these medications are being employed. Furthermore, there were no complaints or clinical indications to suggest the need of a liver function test. Therefore, the request is not medically necessary.

CBC TEST: 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) formulary (May, 2014)

Decision rationale: There is no use of a chronic non-steroidal anti-inflammatory or any other medication taken by the injured worker identified in the clinical data, which is needed according to the Official Disability Guidelines (ODG), that indicate the need for a complete blood count. Furthermore, there are no physical examination findings documented to suggest the need for a complete blood count. Therefore, the request is not medically necessary.

1 METABOLIC PANEL: 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) formulary (May, 2014)

Decision rationale: There is no use of a chronic non-steroidal anti-inflammatory or any other medication taken by the injured worker identified in the clinical data, which is needed according to the Official Disability Guidelines (ODG), that indicate the need for a metabolic panel. Furthermore, there are no physical examination findings documented to suggest the need for a metabolic panel. Therefore, the request is not medically necessary.