

Case Number:	CM14-0010010		
Date Assigned:	02/21/2014	Date of Injury:	10/11/2011
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, has a subspecialty in Hand 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 claimant is a 48-year-old gentleman who sustained low back and left shoulder injuries on October 11, 2011. The records provided for review document that the claimant underwent lumbar decompression in September of 2012 followed by a significant course of postoperative physical therapy. The clinical report of January 6, 2014 noted continued complaints of pain in the left shoulder and low back associated with stiffness and weakness. Diagnosis was cervical and lumbar strains with lumbosacral radiculitis, anxiety and severe depression. The report also documented that shoulder surgery occurred in September of 2013 and that the claimant was attending physical therapy for the shoulder, in addition to home exercises and utilizing medications including antidepressants, benzodiazepines, opioids and non-steroidal medication. This review is for the continued use of Norco, Alprazolam, Venlafaxine as well as request for a urine drug screen and continuation of formal physical therapy of twelve additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE OF OPIOIDS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HYDROCODONE; OPIOIDS, 51, 91, 79-80

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Norco would be supported. At time of request, this individual was status post a recent shoulder arthroscopy for which current use of short acting narcotic analgesics would still be supported. Given the claimant's ongoing complaints of pain, an additional month of this medication would be indicated. Following this prescription, a weaning period should be addressed at the next clinical visit with chronic use of this agent following postoperative course of care not being supported.

ALPRAZOLAM #30: 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: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: MTUS Chronic Pain Guidelines would not currently support the continued use of benzodiazepines. Chronic Pain Guidelines do not recommend Benzodiazepines for long term use due to lack of long term efficacy and risk of dependence and recommend their use to four weeks. Given the claimant's timeframe from injury and use of benzodiazepine agents, their continued use at this point in time would not be supported.

VENLAFLAXINE #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS, 16

Decision rationale: California MTUS Chronic Pain Guidelines also would support the role of venlafaxine. This SSRI medication is a class of antidepressant which is typically recommended as a first line treatment of chronic pain and depression. The continued use of this agent in the claimant's current course of care with the diagnosis of anxiety and depression in the chronic setting would be supported.

URINE ANALYSIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIATES, STEPS TO AVOID MISUSE/ADDICTION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE DRUG SCREEN, 43

Decision rationale: California MTUS Chronic Pain Guidelines also would support the role of a urine drug screen. This individual has been utilizing medications including short acting narcotic analgesics. While these medications are still appropriate in the postoperative setting, a random urine drug screen would be important to confirm adherence to the current medication use at present.

POST-OPERATIVE PHYSICAL THERAPY 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL GUIDELINES, PHYSICAL MEDICINE GUIDELINES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, SPRAINED SHOULDER; ROTATOR CUFF; ROTATOR CUFF SYNDROME/IMPINGEMENT SYNDROME,

Decision rationale: California MTUS Postsurgical Rehabilitation Guidelines do not support the request for twelve additional sessions of physical therapy. The records document that the claimant is now greater than four months following the time of his shoulder procedure and has undergone a significant course of physical therapy to date. The number of physical therapy sessions completed thus far is not known. The most recent examination does not identify objective findings that would support the need for additional physical therapy. The lack of documentation of a specific number of physical therapy sessions would fail to support the request for an additional twelve sessions of therapy at this stage in the claimant's course of postoperative care.