

Case Number:	CM14-0011532		
Date Assigned:	02/21/2014	Date of Injury:	01/11/2010
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 11, 2010. Thus far, the claimant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated January 17, 2014, the claims administrator approved a follow up visit, denied a request for review of records, denied a request for a state- mandated progress note form, approved a Spanish interpreter, denied twelve sessions of physical therapy, denied a urinalysis, partially certified Norco for weaning purposes, and denied Colace. Non-MTUS Guidelines were cited in the decision to deny Colace, although the MTUS did in fact address the topic. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 17, 2014, the applicant was described as having ongoing complaints of shoulder pain. A large portion of the progress note was difficult to follow and not entirely legible. The applicant also had also superimposed fibromyalgia, it was stated. The applicant was asked to pursue additional physical therapy and remain off of work, on total temporary disability. A shoulder rehab kit was endorsed. Norco was likewise prescribed. In an earlier note of January 6, 2014, the applicant was again placed off of work, on total temporary disability and asked to pursue twelve sessions of physical therapy. The applicant is asked to return in six weeks. Again, large portions of the note were extremely difficult to follow. It appears that urine drug testing was performed on the date in question.  

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

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, PHYSICAL MEDICINE, 98

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 99.

Decision rationale: The 12-session course of physical therapy, in and of itself, represents treatment in excess of the 9- to 10-session course recommended by the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. In this case, the applicant has had prior unspecified amounts of treatment over the life of the claim and has failed to demonstrate any evidence of functional improvement as defined in MTUS 9792.20f. The applicant is off of work, on total temporary disability. Significant pain complaints persist. There is no mention of how earlier physical therapy had benefitted the applicant. It is further noted that the MTUS/ACOEM guidelines that it is incumbent on the attending provider to furnish a clear prescription for physical therapy which outlines clear treatment goals. In this case, however, the prescription provided did not, in fact, furnish clear treatment goals. Therefore, the request is not medically necessary.

URINE ANALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing topic, it is incumbent on the attending provider to state when the last time an applicant was tested, state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing, and/or attach the applicant's complete medication list to the request for authorization for testing. In this case, however, the handwritten, sparse documentation of file only alluded to the applicant's consumption of Norco and did not clearly detailed what other medications the applicant was taking. It was not clearly stated what drug tests and/or drug panels were being sought. It was never stated when the last time the applicant was tested. Therefore, the request is not medically necessary.

PRESCRIPTION OF COLAX 100MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://pubchem.ncbi.nlm.nih.gov/summary/summary.cgi?sid=7847371>

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants who are using opioids chronically. In this case, the applicant is using an opioid, Norco, chronically. Concurrent provision of laxative, Colace, is indicated, appropriate, and supported by the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

PRESCRIPTION OF NORCO 5/500MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant's pain complaints are heightened as opposed to reduce, despite ongoing opioid consumption. The applicant is off of work, on total temporary disability. The handwritten progress note did not detail any improvement in function despite ongoing usage of Norco. Therefore, the request is not medically necessary.

REVIEW OF RECORDS X 1 AND PR-2 FORM: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 35, Chronic Pain Treatment Guidelines Assessment Approaches section. Opioids, Steps to Avoid Misuse/Addiction section. Page(s): 6, 9.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, it is imperative that an attending provider communicate with previous and current treating providers and make an attempt to obtain medical records in applicants who are using opioids. In this case, the applicant is using Norco, an opioid. The attending provider should review the records of

other treating providers. The MTUS Chronic Pain Medical Treatment Guidelines further states that thorough history taking is always important and does, in fact, include "a review of medical records." Finally, as noted in the MTUS-adopted ACOEM Guidelines, an adequately documented, legible report is essential for accurate billing and legal purposes. In this case, the PR-2 form being sought by the attending provider is a state-mandated form. This is, therefore, medically necessary, as is the attending provider's request to review the applicant's medical records from outside treating providers.