

Case Number:	CM14-0112271		
Date Assigned:	08/01/2014	Date of Injury:	06/07/2010
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation 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 46 year old female who sustained an injury on 06/07/10. No specific mechanism of injury was noted; however, this appeared to be a cumulative trauma type injury ranging from 2005 to 2010. The injured worker was reported to be assaulted by a client while performing an electrocardiogram (EKG) and sustained injury to the right upper extremity. The injured worker was followed for complaints of shoulder pain and had prior right shoulder surgery. The injured worker was status post bilateral carpal tunnel release. The injured worker continued to report bilateral upper extremities symptoms and concurrent anxiety and depression symptoms. The injured worker was seen on 06/10/14 with continuing complaints of pain in the bilateral shoulders with associated tenderness. Per the record the injured worker described having a flare up of symptoms with some loss of range of motion in the right shoulder on flexion and abduction as compared to the left side. There was some mild weakness noted in the bilateral shoulders. The injured worker was recommended for a short course of physical therapy for four sessions and transfer of care to pain management. Medications were continued at this visit including Vicodin and Flexeril. The requested Vicodin 5/300mg quantity 60 with one refill, Flexeril 10mg quantity 30 with one refill, transfer of care to pain management, and physical therapy for four sessions over four weeks were denied by utilization review on 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Although the clinical records provided for review did not demonstrate any clear efficacy of this medication there are indications for a referral and transfer of care pain management. Until this transfer occurs this reviewer would not recommend changing any of the prescriptions until the injured worker can be evaluated by a pain management physician. The injured worker has had continuing complaints of bilateral shoulder pain despite surgical intervention. This has been ongoing since 2010. Given the indications for transfer to pain management this reviewer would recommend the proposed medications to continue. The request is medically necessary at this time.

Flexeril 10mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: Although the clinical records provided for review did not demonstrate any clear efficacy of this medication there are indications for a referral and transfer of care pain management. Until this transfer occurs this reviewer would not recommend changing any of the prescriptions until she can be evaluated by a pain management physician. The injured worker has had continuing complaints of bilateral shoulder pain despite surgical intervention. This has been ongoing since 2010. Given the indications for transfer to pain management this reviewer would recommend the proposed medications to continue. The request is medically necessary at this time.

Transfer of Care to Pain Management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Page 127 - Refer to other specialists, Official Disability Guidelines, Pain Chapter: Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: The injured worker has had continuing complaints of bilateral shoulder pain despite surgical intervention. This has been ongoing since 2010. Given that there has been no

significant improvement for this injured worker at the current level of care, transfer to pain management for evaluation would be medically appropriate and standard of care.

Physical Therapy, one (1) time a week for four (4) weeks for a total of four (4) visits:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Physical Therapy; Shoulder Chapter: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the 06/10/14 clinical record the injured worker was having a flare up of right shoulder of bilateral shoulder pain with some loss of range of motion and mild weakness. Guidelines recommend referral to physical therapy to address flare up of musculoskeletal symptoms and recommends at most an initial trial an initial period of six sessions of physical therapy to determine response and further treatment needs. In this case the requested four sessions would be well within guideline recommendations and would be medically necessary at this time.