

Case Number:	CM14-0132581		
Date Assigned:	08/22/2014	Date of Injury:	05/27/2008
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 48-year-old male with a date of injury of 05/28/2008. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis without myelopathy. 2. Pain in joint shoulder. According to progress report 06/26/2014, the patient presents with continued left shoulder and neck pain. He has undergone multiple surgeries of the left shoulder and would like to avoid more surgery. He continues to see clinical psychologist, [REDACTED], who is recommending more cognitive behavioral therapy. He has undergone an initial evaluation for functional restoration program and has been deemed appropriate candidate, "However, there is a request for additional information for UR." The treater is requesting functional restoration program 5 days per week for 6 weeks, Diclofenac sodium 60 mg, and Norco 10/325 mg #60. Utilization review denied the request on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Restoration Program [REDACTED] FRP 5 days a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs, Chronic pain programs (functional restoration programs) Pa.

Decision rationale: This patient presents with continued left shoulder and neck pain. The treater is requesting functional restoration program 5 days per week for 6 weeks. The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." In this case, the treater's request for 5 days per week for 6 weeks exceeds what is recommended by MTUS. MTUS states, "Total treatment duration should generally not exceed 20 full-day sessions." Therefore, this request is not medically necessary.

1 Prescription for Diclofenac sodium 1.5% 60gm #2: Upheld

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

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

Decision rationale: This patient presents with continued left shoulder and neck pain. The treater is requesting a refill of Diclofenac 1.5% 60gm cream. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problem for which topical NSAID are indicated for. Therefore, this request is not medically necessary.

1 Prescription for Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with continued left shoulder and neck pain. The treater is requesting a refill of Norco 10/325 mg #60. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of

pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 03/31/2014. The treater states the patient utilizes Norco which decreases his pain. The patient denies side effects and urine drugs screens are provided to monitor patient's medication intake. Although treater discusses analgesia, he does not provide specific functional improvement or changes in ADLs from taking Norco. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, the request is not medically necessary.