MAXIMUS Federal Services

Case Number:	CM14-0133512		
Date Assigned:	08/27/2014	Date of Injury:	03/10/2014
Decision Date:	11/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 is a represented [redacted] employee who has filed a claim for neck, low back, left knee, and right shoulder pain reportedly associated with an industrial injury of March 10, 2014.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a random urine sample, a neurology consultation, and an H-Wave unit while approving/partially approving several medications. The applicant's attorney subsequently appealed. In a handwritten note dated August 20, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of neck and shoulder pain. The applicant was using Norco, Robaxin, and Naprosyn. The attending provider stated that a combination of acupuncture and medications were facilitating the applicant's continuing to work. 7/10 pain without medications versus 4/10 pain with medications was appreciated. The applicant's arm complaints, including numbness and tingling, were reportedly attenuated with ongoing medication usage. A rather permissive 20-pound lifting limitation was endorsed while multiple medications were renewed. A variety of other diagnostic tests, including a cervical spine MRI, electrodiagnostic testing of the upper extremities, and a shoulder ultrasound were also seemingly sought. On July 11, 2014, the attending provider sought authorization for acupuncture, Norco, Naprosyn, Robaxin, a random urine sample, a neuro consultation, and a home H-Wave device. The applicant was again described as working with a 20-pound lifting limitation in place on this date. The applicant reported that his pain levels dropped from 8/10 without medications to 4/10 with medications. The applicant was described as having some ancillary complaints of sleep disturbance and

psychological stress issues. The review of systems was positive for depression and anxiety, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Randon Urine Sample: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 397 does note that testing for use of illicit drugs or steroids can be considered if the presentation is suggestive. In this case, however, there was nothing in the applicant's presentation which is particularly suggestive of drug abuse. It was not clearly stated why the drug testing in question was sought. It was not clearly stated whether or not the applicant was being tested 'for cause' or randomly. It was not stated what drug tests and/or drug panels were being sought. It was not stated when (or if) the applicant was last tested. The attending provider's documentation was sparse, handwritten, difficult to follow, not entirely legible, and did not set forth a compelling case for the random urine sample at issue. Therefore, the request is not medically necessary.

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page 203,.

Decision rationale: The applicant's primary pain generators are the cervical spine and shoulder. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, transcutaneous electrotherapy is deemed "not recommended." Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 also notes that transcutaneous electrotherapy is "not supported" by high-quality medical studies. It is further noted that the applicant's ongoing usage of opioid therapy has seemingly proven successful here. The applicant is reportedly deriving appropriate analgesia from several first-line oral pharmaceuticals, the attending provider has written on several occasions, effectively obviating the need for the H-Wave unit in question. Therefore, the request is not medically necessary.

Norco 5/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181, 212..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, opioids such as Norco are deemed "optional" in the management of neck and upper back complaints. Similarly, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 also notes that a short course of opioids is considered "optional" in the evaluation and management of shoulder complaints, as are also present here. The applicant is demonstrating treatment success with usage of Norco as evinced by an appropriate reduction in pain scores and as evinced by the applicant's successful return to and maintenance of full-time work status. Continuing Norco, on balance, was therefore indicated. Therefore, the request was medically necessary.

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181, 212..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181 and the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 212, NSAIDs are "recommended" in the management of shoulder, neck, and upper back complaints, all of which are present here. As with the request for Norco, the applicant has demonstrated treatment success with ongoing usage of Anaprox as evinced by an appropriate reduction in pain scores and as evinced by the applicant's successful return to and/or maintenance of full-time work status with ongoing usage of the same. Therefore, the request was medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): page 47,.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, usage of muscle relaxants such as Robaxin in combination with NSAIDs has "no demonstrated benefit." In this case, the applicant is using Anaprox (Naprosyn), an NSAID, as a primary analgesic. Usage of Robaxin in conjunction with Anaprox has no demonstrated benefit, per ACOEM. Therefore, the request was not medically necessary.

Neuro Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): page 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. In this case, the applicant's primary treating provider (PTP) is an orthopedist. The applicant has a variety of neurologic complaints, including paresthesias, numbness, and tingling about the arm. Obtaining the added expertise of a neurologist to evaluate and/or determine the source of the applicant's complaints is therefore indicated. Accordingly, the request is medically necessary.