

Case Number:	CM14-0154403		
Date Assigned:	09/24/2014	Date of Injury:	09/19/2003
Decision Date:	11/25/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 injured worker is a 52 years old male with an injury date on 09/19/2003. Based on the 08/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Residuals after two right shoulder surgeries, the last one performed by me several years ago. 2. Residuals right wrist and forearm after surgery by [REDACTED]. 3. Possible Hernia 4. Lumbar spinal strain, rule out disc pathology. According to this report, the injured worker complains of low back pain that radiates to the bilateral legs. Back pain is aggravated by repetitive movement, prolonged sitting, prolonged standing, and prolonged walking. The injured worker also complains of constant moderate to severe right shoulder pain, aggravate by repetitive movement, lifting, reaching, grabbing/grasping and overhead reaching. Range of motion of the shoulder and lumbar is decreased due to pain. Tenderness is noted at the lumbar paravertebral muscles, bilateral SI joints, anterior shoulder, posterior shoulder, lateral shoulder, and acromioclavicular joint. Straight leg raise cause pain bilaterally. Speed's test and Neer test are positive. Exam of the right wrist reveals tenderness at the dorsal wrist volar wrist, medial wrist, and later wrist. Range of motion of the right wrist is with normal limits. There were no other significant findings noted on this report. The utilization review denied the request on 08/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/23/2013 to 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Anti-inflammatory Medications, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(.).

Decision rationale: The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Naproxen was first mentioned in the 11/13/2013 report; it is unknown exactly when the injured worker initially started taking this medication. Review of reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. The treating physician did not provide the prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way; there is no prescription dosing either. The request for Naproxen 550mg is not medically necessary.

1 Prescription of Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDS, (Non-Steroidal Anti-Inflammatory Drugs), GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: Prilosec was first mentioned in the 11/13/13 report; it is unknown exactly when the injured worker initially started taking this medication. The MTUS Guidelines state Prilosec is "recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs." MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show that the injured worker is taking Naproxen and has no gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request for Prilosec 20mg is not medically necessary.

1 Prescription of Tramadol 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiate, Medications, Criteria For Use Of Opioids Page(s): 88-89, 80-81, 78, and 60-61..

Decision rationale: For chronic opiate use, 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. Tramadol was first mentioned in the 11/13/2013 report; it is unknown exactly when the injured worker initially started taking this medication. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the injured worker's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the injured worker should be slowly weaned as outlined in MTUS Guidelines. The request for Tramadol 550mg is not medically necessary.

1-6 Month Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: The MTUS guidelines do not address gym memberships; however, ODG guidelines states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." There is no documentation as to why exercises can't be performed at home. No rationale was provided to indicate the medical necessity for gym membership. There is no reason why exercises cannot be performed at home. The request for 1-6 Month Gym Membership is not medically necessary.

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 (Independent Examinations and Consultations) Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Functional Capacity Evaluations, pages 137-139

Decision rationale: Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming

that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the injured worker's actual capacity to perform in the workplace. The request for Functional Capacity Evaluation is not medically necessary.

1 Follow up with AME [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Page(s): 8.

Decision rationale: Review of AME report dated 05/27/2014, [REDACTED] recommended X-ray of the right wrist; 3 views, MRI scan of the lumbar spine, MR arthrogram of the right shoulder. "The injured worker will return to the clinic for a follow-up once the diagnostic studies have been completed." MTUS page 8 requires that the treater provide monitoring of the injured worker's progress and make appropriate recommendations. In this case, the injured worker has not had the "diagnostic studies" as requested by the AME and the treater does not explain why the injured worker needs a follow up with the AME. Furthermore, AME reports are administratively handled and outside the treating physician's purview. The request for Follow Up with AME [REDACTED] is not medically necessary.

Hand Surgery Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: ACOEM states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case the injured worker presents with chronic hand /wrist pain and has had surgery. The requested hand surgery consultation appears reasonable and medically indicated. The request for Hand Surgery Consultation is medically necessary.