MAXIMUS Federal Services

Case Number:	CM14-0176421		
Date Assigned:	10/29/2014	Date of Injury:	01/05/2011
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Management, 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 59 year old male with an injury date of 01/05/11. Based on the 04/11/14 progress report, the patient complains of neck pain which radiates from the neck to both arms. His cervical spine pain radiates to his right upper extremity and is associated with constant numbness. He has a poor quality of sleep and has a decreased activity level. Spurling's maneuver causes radicular symptoms on the right and tenderness is noted in the cervical spine and trapezius. Muscle tone of trapezius is increased and there is palpable tenderness on both sides. In regards to the shoulder, the patient has a restricted range of motion. He has a positive Hawkins, Neer, Empty Cans, and Speeds test. On palpation, tenderness is noted in the acromioclavicular joint, biceps groove, genohumeral joint and greater tubercle of humerus. The 09/26/14 report states that the patient rates his pain as an 8/10. The patient's diagnoses include the following:1.Cervical pain2.Cervical radiculopathy3.Disc disorder cervical4.Shoulder painThe utilization review determination being challenged is dated 10/06/14. Treatment reports were provided from 04/11/14 and 09/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminopen 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 04/11/14 report, the patient presents with neck pain which radiates from the neck to both arms. The request is for Hydrocodone- Acetaminophen 10/325 mg #60 for short acting pain control. The patient has been taking Hydrocodone- Acetaminophen as early as 04/11/14. The patient is currently taking Docustate Sodium, Prilosec, Conzip, Neurontin, and Norco. The 04/11/14 report states "the patient is taking his medications as prescribed. He states that medications are working well. No side effects reported." The 09/26/14 report says "he states that medications are working well. Norco not received August 2014 per patient."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. In this case, there are no discussions provided on any recent urine drug screens the patient may have had. The 4As are not discussed as required by MTUS. There are no discussions regarding how the use of opiates has improved the patient's ADLs and quality of life. There are no documentations for opiate management such as urine toxicology, and adverse behavior. The request is not medically necessary and appropriate.

Omeprazole 20mg #30,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 04/11/14 report, the patient presents with neck pain which radiates from the neck to both arms. The request is for Omeprazole 20 #30 for GI distress. The patient has been taking Omeprazole as early as 04/11/14. The patient is currently taking Docustate Sodium, Prilosec, Conzip, Neurontin, and Norco.MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID.The treating physician does not discuss any GI issues that the patient may have. The patient is not on any oral NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS guidelines. The request is not medically necessary and appropriate.

Physical Therapy,: Upheld

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

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

Decision rationale: According to the 04/11/14 report, the patient presents with neck pain which radiates from the neck to both arms. The request is for physical therapy (amount not indicated) to evaluate and treat cervical spine and bilateral upper extremity pain. The 09/26/14 report states that the "patient did complete physical therapy in the past with reported benefit. Patient notes that he had 12 sessions of PT previously." MTUS Guidelines pages 98 and 99 allow for 9-10 visits over 8 weeks for Myalgia and myositis, 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for Reflex sympathetic dystrophy. The patient has already had 12 session of physical therapy and any additional therapy would exceed what is allowed by MTUS. The request is not medically necessary and appropriate.

Consult with a Psychiatrist: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 04/11/14 report, the patient presents with neck pain which radiates from the neck to both arms. The request is for a consult with a psychiatrist for treatment of depressed mood.ACOEM page 127 states "The occupational home practitioner may refer to other specialist 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." Labor code 9792.6 under Utilization Review definitions states, "Utilization review does not include determinations of the work-relatedness of injury or disease." The request is medically necessary and appropriate.