

Case Number:	CM14-0177435		
Date Assigned:	10/30/2014	Date of Injury:	04/25/2008
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 66 year old female with a history of injury to the neck, back, and shoulders on 04/25/2008. Her last documented examination of 8/26/2014 revealed persisting pain and stiffness in the right shoulder. A prior right shoulder injection helped for a few weeks. The left shoulder was improved since an injection months ago. She also complained of neck pain. The low back pain was improved. She was taking Ibuprofen during the day and Norco in the evenings. She was also applying Lidoderm patches to the right shoulder. On exam she weighed 174 lbs. There was a trace crepitation with range of motion of the right shoulder. She was tender over the acromioclavicular joint and the biceps tendon. Range of motion was decreased with flexion 80 degrees and abduction 70 degrees. A prior Psych QME of 5/5/2014 advised 16-20 sessions of weekly cognitive behavioral therapy and she was not at MMI for the psych conditions of anxiety and depression. The orthopedic issues included Grade I Spondylolisthesis at L3-4, facet arthritis at L4-5 and L5-S1, cervical spondylosis, and bilateral subacromial impingement of shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; criteria for use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The opioids are considered the most powerful class of analgesics. The use of opioids is dependent upon guidelines including documentation of objective functional improvement with return to work, a risk assessment profile, attempt at weaning or tapering, updated urine screens, evidence of ongoing efficacy (objective functional improvement), and an updated pain contract. The request was partially certified by UR (#60) to allow downward titration or an opportunity for compliance with the guidelines listed above. The request as stated for Norco 10/325mg, # 120 is therefore not medically necessary.

Referral to psychologist for 16 to 20 visits of cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding psychological treatment Page(s): 101 - 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, Psychological Treatment Page(s): 100, 101, 102.

Decision rationale: California MTUS chronic pain guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Psych QME of 5/5/2014 recommended 16-20 sessions of weekly psychotherapy. Therefore the requested referral to a psychologist for 16-20 visits of cognitive behavioral therapy is medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, regarding GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67, 68.

Decision rationale: A review of the records indicates that there has been no objective functional improvement documented despite the long term use of NSAIDs and is therefore not medically necessary. Per the Chronic Pain Medical Treatment Guidelines cited, the request for Omeprazole is also not medically necessary.

Ibuprofen 800mg, #120 with 1 refill: 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 NSAIDs
Page(s): 67, 68.

Decision rationale: Chronic pain guidelines recommend use of NSAIDs at the lowest effective dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. The right shoulder and neck and back pain is reported to be intermittent. No objective functional improvement is documented despite long term use of ibuprofen. The guidelines also indicate that NSAIDs are no more effective than acetaminophen for back pain. The request for ibuprofen 800mg, # 120 with one refill is therefore not medically necessary.

Lidoderm patches 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/07/2014: regarding Flector patch

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

Decision rationale: Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The records do not document a trial of antidepressants or anticonvulsants for pain. The shoulder pain is not neuropathic. Therefore the request for Lidoderm patches 5%, #60 is not medically necessary.