

Case Number:	CM14-0020533		
Date Assigned:	02/21/2014	Date of Injury:	08/23/2010
Decision Date:	07/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology and is licensed to practice in California and Nevada. 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 28-year-old male who sustained an injury on 08/23/10 when he fell off a ladder sustaining injury to the chest, ribs, as well as multiple soft tissue injuries. The injured worker has been followed for complaints of neck and right shoulder pain. The injured worker has also been followed for depression symptoms. Prior treatment has included the use of multiple medications as well as cognitive behavioral therapy. The injured worker also utilized a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker did attend physical therapy in 2013. The clinical report on 10/12/13 noted persistent complaints of pain in the neck and right shoulder. Physical examination was limited but did note tenderness to palpation in the right trapezius as well as cervical spasms. Naproxen and Omeprazole were continued at this visit as well as LidoPro ointment. The injured worker was recommended to continue utilizing a TENS unit at this visit. Follow up on 11/13/13 noted no changes in the injured worker's symptoms. The injured worker did receive between 40 and 50% relief of pain with medications and was able to perform more activities of daily living. The injured worker did report benefits from LidoPro ointment. The injured worker continued to utilize a TENS unit for spasms. Physical examination continued to note tenderness to palpation in the right trapezius as well as cervical spasms. Follow up on 12/13/13 noted unchanged symptoms. The injured worker was still reporting benefits from medications, a TENS unit, and LidoPro ointment. Physical examination findings remained unchanged. No changes in symptoms or physical examination findings were noted on the 01/10/14 report. Follow up on 02/07/14 indicated the injured worker had no side effects from medications with the use of Omeprazole. The injured worker continued to receive benefits from medications at 40-50%. Physical examination findings remained unchanged. The injured worker was recommended for a functional capacity evaluation at this evaluation to address the injured worker's restrictions. The requested functional capacity

evaluation, Naproxen 550mg, quantity 60, Omeprazole 20mg, quantity 60, LidoPro ointment 121 grams, and TENS patches, quantity 2 were denied by utilization review on 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION, QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48-49, 181-185, 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation.

Decision rationale: In review of the clinical documentation submitted, the injured worker was recommended for the functional capacity evaluation to assess his current work capability. Functional capacity evaluations are indicated to determine the extent of restrictions needed for a injured worker to return to work. Given the injured worker's continuing physical examination findings and the needed assessment for work restrictions, the request is medically necessary and appropriate.

NAPROXEN 550 MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by the MTUS guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per MTUS guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the patient's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. Therefore, the request is not medically necessary and appropriate.

OMEPRAZOLE 20 MG QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In review of the clinical documentation submitted, there is no indication from the clinical reports that the injured worker had any substantial side effects with oral medications to include the development of gastritis or acid reflux. There was also no documentation to establish an ongoing diagnosis of gastroesophageal reflux disease which would have supported the use of a proton pump inhibitor. Therefore, the request is not medically necessary and appropriate.

LIDOPRO OINTMENT 121 GM QTY: 1.00: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker does not present with any clear objective findings regarding neuropathic pain. LidoPro ointment can be considered an option in the treatment of neuropathic pain when there is documentation regarding failure of conservative treatment to include the use of oral medications such as antidepressants or anticonvulsants. This was not documented in the clinical records. Given the absence of any clear objective findings regarding ongoing neuropathic pain and the failure of standard oral medications for this type of symptom, the request is not medically necessary and appropriate.

TENS PATCH (PAIRS) QTY: 2.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-118.

Decision rationale: The injured worker has continued to utilize a transcutaneous electrical nerve stimulation (TENS) unit and has reported pain relief with the use of a TENS unit. TENS unit patches are needed in order to conduct the electrical impulse into the transcutaneous skin. Given the injured worker's efficacy from the use of a TENS unit, the requested patches for this unit would have been supported as medically appropriate. Therefore, request is medically necessary and appropriate.