MAXIMUS Federal Services

Case Number:	CM14-0035368		
Date Assigned:	06/23/2014	Date of Injury:	06/18/2010
Decision Date:	10/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 54-year-old female injured on June 18, 2010. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of right upper extremity, bilateral shoulder and sensory changes in both upper extremities. The physical examination demonstrated an overweight individual with findings relative to the cervical spine and bilateral upper extremities. A decrease in cervical spine range of motion was noted. A decrease in shoulder range of motion was also reported. Grip strength was reported at 15 kg on the right and 22 kg on the left. Diagnostic imaging studies were referenced but not presented for review. Electrodiagnostic studies documented a possible bilateral carpal tunnel syndrome. Previous treatment included shoulder surgery. A request had been made for multiple medications and was non-certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

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

Decision rationale: As noted in the clinical assessment completed on May 12, 2014, there were no symptoms relative to the gastrointestinal system. As such, there was no clinical indication for this and no medical necessity was developed.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: This medication is a 2nd line therapy suggested in those cases where first-line drugs about them are efficacious. The pain complaints are ongoing, and the findings on physical examination were minimal. Furthermore, the diagnostic assessment is marginal best. Therefore, treatment with nonnarcotic analgesic would be more appropriate. This request is not medically necessary.

Quarterly Labs (labs not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, screening for risk of addition (tests); Opi.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.merckmanuals.com/home/appendixes/common_medical_tests/common_medical_tests.html

Decision rationale: A random request for quarterly laboratory studies without specific parameters is not medically necessary. The findings of physical examination noted a relatively stable clinical situation, and there was nothing in the narrative to suggest the need for routine laboratory studies. As noted in the Official Disability Guidelines, ACOEM and MTUS do not address, any intervention requires a specific clinical need. Therefore, based in this overly vague request, medical necessity is not established.

Urine POC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: As noted in the MTUS, urine drug screening can be used if there is a clinical indication of drug abuse, drug addiction, drug diversion, illicit drug use or some other clinical parameter. Based on the overly broad request, there is no data presented to suggest the clinical indication for such a study. Therefore, based on this insufficient clinical information this is not medically necessary.