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| Case Number: | CM14-0053500 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 06/15/2011 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 50-year-old male who reported an injury on 10/18/2013. Prior treatments included shoulder Dynasplint x3 months. Additional prior treatments included epidural steroid injections and cortisone injections in the left shoulder, as well as physical therapy. The injured worker underwent a left shoulder arthroscopy in 10/2013. The injured worker was noted to be utilizing PPIs as of 02/2013. The mechanism of injury was as the helpers lifted a casket, the injured worker pulled the bars from under the casket so the casket could be lowered and then stepped off the lower device rails. As the injured worker was coming around the mound of earth to place the metal bars where the casket was sitting, the injured worker slipped, his legs went out from under him and he landed on his right side with his arms extended, holding the bars. The medication history included opiates as of 09/2013. Other therapies included physical therapy. The documentation of 02/10/2014 revealed the injured worker had complaints of 8/10 pain. The injured worker reported improvement in the low back pain. The injured worker was noted to be 18 sessions postoperative physical therapy and it was documented the injured worker was utilizing the Dynasplint at home daily. The Spurling's test was positive on the left. The foraminal compression test was positive bilaterally. The shoulder depression test as positive bilaterally. The left shoulder range of motion was limited by pain and spasms in all directions. The diagnoses included cervical disc syndrome, bilateral rotator cuff partial tear, status post left shoulder arthroscopy, left rotator cuff rupture, left shoulder adhesive capsulitis, lumbar disc syndrome, rule out bilateral upper extremity radiculitis and neuritis, and rule out bilateral lower extremity radiculitis and neuritis. The treatment plan included refills of Flexeril 7.5 mg to reduce muscle spasm, Prilosec 20 mg to take as directed, a urine drug screen, and the continued use of the Dynasplint, as well as the use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine) 7.5 mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain. The use of muscle relaxants is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use through supplied documentation. There was a lack of documented efficacy for the requested medication. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Flexeril (cyclobenzaprine) 7.5 mg, unknown quantity, is not medically necessary.

Prilosec (Omeprazole) 20 mg (quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 02/2013. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Prilosec (Omeprazole) 20 mg, quantity unknown, is not medically necessary.

Norco (strength & quantity unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was a lack of documentation of the above criteria. Additionally, the request as submitted failed to indicate the strength, frequency, and quantity for the requested medication. Given the above, the request for Norco, strength and quantity unknown, is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. Given the above, the request for a urine toxicology screen is not medically necessary.

Dynasplint rental for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary.

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

Decision rationale: The Official Disability Guidelines recommend home use for the Dynasplint system for adhesive capsulitis in combination with physical therapy instructions. The clinical documentation submitted for review indicated the injured worker had been utilizing the Dynasplint system for 3 months. There was a lack of documentation of objective functional benefit with the use of the system. The injured worker was utilizing the Dynasplint system with home therapy. Given the above, the request for a Dynasplint rental for 30 days is not medically necessary.