MAXIMUS Federal Services

Case Number:	CM14-0058594		
Date Assigned:	07/09/2014	Date of Injury:	03/13/2007
Decision Date:	09/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; initial diagnosis with humeral fracture; opioid therapy; earlier open reduction and internal fixation of a humeral fracture; and extensive periods of time off of work.In a prior medical-legal evaluation of March 13, 2007, the applicant was apparently unable to return to her former work as a balloon pilot. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for Vicodin, denied request for Terocin patches, denied request for LidoPro cream, and denied request for electrodiagnostic testing of the upper extremities. The claims administrator stated that the applicant had not worked since 2007. The claims administrator stated that the applicant was not profiting from medications in question.The applicant's attorney subsequently appealed. In a March 19, 2014 office visit, the applicant was described as having collected indemnity benefits for over three years. The applicant was now collecting social security disability benefits, it was stated. The applicant was not doing chores around the home; it was suggested, owing to ongoing complaints of shoulder pain. The applicant was apparently still wearing a collar and has limited range of motion of both the shoulder and neck, it was acknowledged. The applicant had diminished grip strength noted about the shoulder and arm; it was noted with only 135 degrees of shoulder abduction. Vicodin, LidoPro, and Terocin were endorsed. No discussion of medication efficacy. On December 4, the attending provider again issued the applicant prescriptions for Vicodin and Motrin. While the attending provider stated that the applicant was using the medications to improve her function, the attending provider did not describe any improvements in function achieved as a result of ongoing

medication usage. Similarly, the attending provider reported 5-6/10 daily, constant shoulder pain, despite ongoing usage of Vicodin and Motrin. In a March 23, 2014 Request for Authorization Form, the attending provider apparently sought authorization for MRI imaging of the neck and nerve conduction testing of the upper extremities. However, these diagnostic tests were only incidentally alluded to on the March 19, 2014 progress note, in which the attending provider commented that nerve conduction studies had not been done in years. It was not stated how nerve conduction testing would impact the treatment plan, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Vicodin 5mg, #60 DOS: 3/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant collected both benefits from the Social Security and Workers' Compensation systems. The attending provider has not recounted any tangible or measurable decrement in pain or improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Prescription of Vicodin 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has not recounted any tangible or concrete improvements in function or decrements in pain achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Prescription of Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as a Terocin. Therefore, the request is not medically necessary.

Prescription of Lidopro cream 4oz, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as LidoPro. Therefore, the request is not medically necessary.

One nerve study of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, EMG or NCV studies, as are being sought here, are "not recommended" as part of a shoulder evaluation for usual diagnosis. In this case, the applicant already has a confirmed diagnosis of humeral fracture status post open reduction internal fixation of the same. The applicant has residual strength and range of motion deficits following the procedure in question. It is not clear what purpose nerve conduction testing would serve here as the diagnosis in question has already been definitively established. Therefore, the request is not indicated both owing to the lack of supporting rationale on the part of the attending provider as well as owing to the unfavorable ACOEM position on the same. Accordingly, the request is not medically necessary.