

Case Number:	CM14-0062176		
Date Assigned:	07/11/2014	Date of Injury:	05/02/2008
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/05/2014

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 patient is a 48-year-old female who has submitted a claim for rotator cuff syndrome, bursitis, cervical radiculopathy, chronic pain syndrome, and disc displacement associated with an industrial injury date of 05/02/2008. Medical records from 10/02/2013 to 07/11/2014 were reviewed and showed that patient complained of lower back, bilateral shoulder, and neck pain graded 7/10. Physical examination revealed limited cervical spine and bilateral shoulder ROM. Tenderness was noted over the lumbar paravertebral muscles and L4-5 facets and right SI joint. SLR test was positive on the right side. MRI of the right shoulder dated 12/20/2013 revealed postsurgical changes at the AC joint, degenerative changes of GH joint, delaminating interstitial tear of supraspinatus fibers, and subcortical cystic changes underneath the biceps tendon. X-ray of the right shoulder dated 01/29/2014 revealed joint space narrowing. Treatment to date has included right shoulder surgery with debridement and clavicle excision (10/11/2012), corticosteroid injections, acupuncture, physical therapy, TENS, HEP, ice application, Norco 10/325mg 2 tabs BID since 01/13/2014, Morphine Sulfate Ir 15 mg 1 tab TID since 10/02/2013. Of note, there was a documentation of pain relief and functional improvement with Norco (01/13/2014). Utilization review dated 03/31/2014 denied the request for functional capacity evaluation because there was no documentation of a specific job or position available to the patient to substantiate the need for assessment. Utilization review dated 03/31/2014 denied the request for cervical pillow because there was no evidence of a concurrent plan for active exercise in conjunction with this request. Utilization review dated 03/31/2014 denied the request for Morphine Sulfate 30mg #90 and Norco 10/325mg #60 because the use of two short-acting opioids was not recommended as the result would be a duplication of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there was no documentation of a specific job available to the patient or physical findings suggesting the patient was close to maximal medical improvement. There was no clear indication for FCE based on the available medical records. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Helewa, 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Pillow.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. It recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, there was no documentation of participation in daily exercise by the patient. Use of neck pillow is only recommended in conjunction with daily exercise. There was no clear indication for use of neck pillow. Therefore, the request for cervical pillow is not medically necessary.

Morphine Sulfate 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Morphine Sulfate Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Morphine Sulfate Ir 15 mg 1 tab TID since 10/02/2013. There was no documentation of pain relief or functional improvement, which was required to support continuation of opiates use per guidelines. Therefore, the request for Morphine Sulfate 30mg #90 is not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 91.

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

Decision rationale: As noted on page 78 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325mg 2 tabs BID since 01/13/2014. There was noted pain relief and functional improvement with the use of Norco (01/30/2014). The medical necessity for continuation of Norco use has been established. Therefore, the request for Norco 10/325mg #60 is medically necessary.