

Case Number:	CM14-0072796		
Date Assigned:	07/16/2014	Date of Injury:	12/06/2007
Decision Date:	10/10/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 in Family 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:

This is a 46-year-old gentleman who complains of sharp and severe left shoulder, neck and upper back pain rated 4 out of 10 and does not radiate anywhere. The pain is constant and is exacerbated by bending, lifting, cold, exercise, carrying, fatigue, pushing, pulling, reaching, and rolling in bed and sexual activity. It is relieved by heat, massage and medication. Associated symptoms include numbness and swelling. He complains of difficulty in sleeping due to pain. There were trigger points palpated in the upper trapezius, lower trapezius, sternocleidomastoid, splenic capitis and bilateral deltoid. There was a positive Spurling's test. There were also positive apprehension and Hawking's test on the left. There was scapular winging. Sensation is intact to light touch, in dermatomes C6 - C8 bilaterally. The shoulder range of motion ROM was as follows: forward flexion was 160 degrees, abduction was 140 degrees, internal rotation was 40 degrees and external rotation was 70 degrees. The cervical spine revealed the following ROM: forward flexion was 20 degrees, extension was 20 degrees, rotation to the left was 40 degrees, rotation to the right was 30 degrees, lateral bending to the left is 20 degrees and lateral bending to the right was 20 degrees. There is now warmth over joints and no erythema over joints noted. No crepitus noted in the joints. Tenderness noted in the left upper, mid and lower trapezius and rhomboid. Manual motor strength Left elbow flexion is 4-/5, Right elbow flexion is 4+/5, L elbow extension 4-/5, R elbow extension is 4+/5. Left wrist extension is 3+/5; R wrist extension is 5/5. L grip is 4-/5 and R grip is 5/5. L finger abduction is 3-/5; R finger abduction is 5/5. The treatment plan request is for a functional restoration program evaluation and weaning the patient off opiate medication. The patient is diagnosed with cervical disc degeneration, cervical disc displacement without myelopathy and frozen shoulder. Current medication include Norco 10/325, Cyclobenzaprine 7.5mg, Oxycontin 60mg in conjunction with Oxycontin 40mg, Neurontin 800mg, Cymbalta 60mg, and Pantoprazole Sodium DR 20mg. The patient underwent

left shoulder surgeries in 2008, 2010 and 2011 (unknown type). Other medical history includes Diabetes Type II and Hyperlipidemia. The patient denies headache, dizziness or lightheadedness, somnolence, nausea, vomiting, stomach pain or constipation. He has a history of left shoulder surgery in 2008, 2010 and 2011. This patient is well nourished, well developed and well groomed. Mood and affect are appropriate. He is alert and oriented to person, place, time and event. Judgment, insight and memory appear to be intact. He continually rates his pain as a 5/10 with limited mobility, difficulty lifting overhead, trouble bending and twisting secondary to pain. The patient was approved for acupuncture several months ago, but never went because he stated he was never contacted about when to start or where to go.

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: Decision based on MTUS ACOEM Page(s): 132-139.
Decision based on Non-MTUS Citation ODG-Fitness for duty

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. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 pages 132-139; chapter 7 pages 137-138

Decision rationale: The request for a FCE for the diagnosis of neck and shoulder pain was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified, such as, prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for chronic neck, shoulder, and UE pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient over two (2) years after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline" which was adequately provided with the documented physical examination. There are no recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to the neck and shoulder diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status

to perform modified work presently offered by the employer. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the neck and BUEs. There is no demonstrated medical necessity for the FCE for the diagnosed neck and shoulder issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a final "baseline." There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective evidence. Therefore, this request is not medically necessary.

Norco 10/325 mg #180 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

Decision rationale: Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #180 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck and shoulder. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical neck and shoulder pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. There is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations

have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone- APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #180 is not demonstrated to be medically necessary.

Oxycontin 60 mg #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines NSAIDs

Decision rationale: There is no clinical documentation by with objective findings on examination to support the medical necessity of OxyContin 60 mg for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed OxyContin 60 mg. There is no demonstrated medical necessity for the prescribed Opioids as there is no demonstrated functional improvement for the prescribed high dose opioids. The continued prescription for OxyContin 60 mg #60 is not demonstrated to be medically necessary.