

Case Number:	CM14-0083199		
Date Assigned:	07/21/2014	Date of Injury:	10/29/2010
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 records presented for review indicate that this 41 year old female was reportedly injured on 10/29/2010. The mechanism of injury is undisclosed. The most recent progress note, dated 1/28/2014, indicates that there are ongoing complaints of left shoulder pain, and chronic pain. The physical examination demonstrated left shoulder limited flexion, and abduction, point tenderness of the acromioclavicular (AC) joint, guarding of the left shoulder, motor and sensory exam within normal limits. No recent diagnostic studies are available for review. Previous treatment includes cortisone injections, and medications. A request was made for Norco 5/325 milligrams quantity thirty with one refill, TENS unit, spinal cord stimulator, functional restoration program, and was not certified in the preauthorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 5/325 mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of patient compliance, and current urine drug screen. As such, this request for Norco, 5/325 mg, #30 with 1 refill is not medically necessary and appropriate.

TENS unit trail with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Blue Cross Blue Shield, European Federation of Neurological Sciences.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116 of 127.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a comprehensive treatment program. As such, the request for TENS unit trail with supplies is not medically necessary and appropriate.

Spinal cord stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Spinal Cord Stimulators Page(s): 38 OF 127.

Decision rationale: Complex regional pain syndrome (CRPS), spinal cord stimulators (SCS) recommended as indicated below. SCS should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with with CRPS. After review the medical documentation provided guidelines recommend clearance from psychology prior to the scheduling of surgery for spinal cord stimulator implications. There is no documentation that the patient has had clearance from psychology at this point time. Therefore, the request for a Spinal cord stimulator is not medically necessary and appropriate.

Multidisciplinary functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per Medical Treatment Utilization Schedule (MTUS) guidelines. After review of the available medical records, the claimant does not meet required criteria as there is no plan for him to return to work. Also the claimant has been recommended for implantation of the spinal cord stimulator which is not been approved to this point time. As such, the request for Multidisciplinary functional restoration program is not medically necessary and appropriate.