

Case Number:	CM14-0096439		
Date Assigned:	07/28/2014	Date of Injury:	06/03/2010
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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 Emergency 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:

Patient with reported date of injury on June 3, 2010. Mechanism of injury is described as a pain while pushing a heavy load. Patient has a diagnosis of sprain of neck, lumbar sprain, lumbosacral neuritis and R shoulder impingement syndrome. Patient is post R shoulder acromioplasty, debridement and Mumford resection surgery on February 8, 2013. Medical reports reviewed. Last report available until 6/2/14. Patient complains of R shoulder, low back pain. Pain radiates to R hand. Notes R hand numbness and weakness. Pain worsens with cold weather. Objective exam reveals R sided limp, tenderness to trapezius, AC joint and pain throughout entire R shoulder. Strength is 4/5. Very limited range of motion. Note mentions that there are significant psychological issues hampering use of R arm and shoulder. There is concern about medication use and need for weaning down medications. No imaging reports provided for review. Urine Drug screen on June 2, 2014 was appropriate with prescriptions. Medications patient are on are norco, flexeril, zanaflex, voltaren, ultra, protonic and terocin. Patient noted to have discontinued R shoulder postoperative physical therapy due to pain and spasms. Independent Medical Review is for Pain management for medication weaning, "Psych" consultation for pain coping skills, Norco 5/325mg #60 with 2 refills and Urine Drug Screen. Prior UR on June 19, 2014 recommended non-certification of norco and urine drug screen. Patient recommended partial approval for 1 visit to psychologist and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management to assist in weaning down and off medication: Overturned

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 Workers' Compensation (ODG-TWC), Pain Procedure Summary (last updated 04/10/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the Cornerstones of Disability Prevention and Management Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. Therefore, the request for a referral to pain management is medically necessary and appropriate.

Psych for pain coping skills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-102.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, psychological consultation is recommended for evaluation and treatment in patients with chronic pain with concerning for psychological barriers to improvement. Therefore, the request for psych for pain coping skills is medically necessary and appropriate.

Norco 5/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted improvement in function and patient is noted to be having severe pain even with current opioid therapy. There is no documentation of proper assessment for abuse. The prescription is excessive and fails MTUS Chronic pain requirement for close monitoring. Therefore, the request for Norco 5/325 mg, sixty count with two refills, is not medically necessary or appropriate.

Urine drug screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation (ODG-TWC), Pain Procedure Summary (last updated 05/15/2014), Urine Drug testing (UDT).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine Toxicology test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. Patient had a recent negative UDS noted on June 2, 2014. Since there is no concern for abuse, the request for a UDS is not medically necessary or appropriate.