

Case Number:	CM14-0099361		
Date Assigned:	07/30/2014	Date of Injury:	02/07/2014
Decision Date:	09/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 24-year-old female with a reported date of injury on 02/07/2014. The injury reportedly occurred when the injured worker was grabbing and pulling on a patient who gave out and heard a pop in her right shoulder. Her diagnoses were noted to include cervical spine sprain/strain, thoracic spine sprain/strain, right shoulder sprain/strain with internal derangement, left arm pain, and left shoulder sprain/strain compensation consequence. Her previous treatments were noted to include medications. The progress note dated 07/02/2014 revealed complaints of cervical spine pain rated 4/10. The injured worker complained of bilateral upper extremity pain as well as thoracic spine pain rated 4/10. The injured worker rated her right shoulder pain as 3/10 and that the Norco 5 had been helpful for pain. The injured worker indicated there had not been a functional change since the last examination. There was decreased range of motion noted to the shoulder, neck, and lower back. The Request for Authorization form dated 06/11/2014 was for interferential unit for right shoulder pain, an initial functional capacity evaluation, Norco 5 mg #60, topical cream (cyclo 3%, keto 20%, lido 6.15%) #240 gm apply twice a day; however, the provider's rationale was not submitted within the medical records. The Request for Authorization form for the urinary drug screen and the provider's rationale were not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit rental X 3 months for right shoulder only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118, 120.

Decision rationale: The request for IF unit rental X 3 months for right shoulder only is not medically necessary. The injured worker complains of neck and shoulder pain. The California Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines criteria include pain was ineffectively controlled due to diminished effectiveness of medications, pain was ineffectively controlled with medications due to side effects, history of substance abuse, and unresponsive to conservative measures. There is a lack of documentation regarding failure of conservative treatment and whether the interferential unit to be utilized in adjunct to an exercise program. Additionally, the request for a 3 month rental exceeds guideline recommendations of a 30 day trial. As such, the request is not medically necessary.

Initial functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004) Chapter 7, page 511.

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, Functional Capacity evaluation.

Decision rationale: The request for Initial functional capacity evaluation is not medically necessary. The injured worker complained of neck, shoulder and arm pain. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The functional capacity evaluation is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The guidelines criteria for performing a FCE is recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If the injured worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job for the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. The guidelines state to consider an FCE if the case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing is appropriate, such as had coarse or maximal medical improvement/all key medical

reports secured. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. There is a lack of documentation regarding the injured worker attempting a work hardening admission. There is lack of documentation regarding assessments tailored to a specific task or job to warrant a functional capacity evaluation. Therefore, the request is not medically necessary.

Norco 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The request for Norco 5mg #60 is not medically necessary. The injured worker indicated the Norco had been helpful. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. There is lack of documentation regarding improved functional status in regards to activities of daily living with the use of medications. There is lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Topical cream Cyclo3%, Keto 20%, Lido 6.15% #240 grams apply BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The request for Topical cream Cyclo3%, Keto 20%, Lido 6.15% #240 grams apply BID is not medically necessary. The injured worker complained of neck, shoulder, and upper extremity pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for topical application. The guidelines also indicate that topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2

week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines indications for topical NSAIDs is osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended and cyclobenzaprine, Ketoprofen, and a cream or gel formulation of lidocaine are not recommended by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Urinary drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING; OPIOIDS, STEPS TO AVOID MISUSE/ABUSE Page(s): 43; 94.

Decision rationale: The request for a urinary drug screen is not medically necessary. The injured worker has been utilizing Norco. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines recommend for those at high risk of abuse to perform frequent, random urine toxicology screens. There is a lack of documentation regarding the injured worker being at high risk of abuse as well as whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, the request is not medically necessary.