MAXIMUS Federal Services

Case Number:	CM14-0206928		
Date Assigned:	01/30/2015	Date of Injury:	07/04/2013
Decision Date:	03/04/2015	UR Denial Date:	11/23/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 4, 2013.In a utilization review report dated November 25, 2014, the claims administrator failed to approve a request for psychiatric consultation, follow-up visit with an orthopedic surgeon, Vicodin, Norco, Motrin, Neurontin, physical therapy, and cervical traction. The claims administrator referenced a November 3, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported persistent complaints of shoulder pain, highly variable, 4/10 to 5/10, exacerbated by pulling, pushing, and lifting. The attending provider stated in one section of the note that the applicant generally did not have to use medications for her shoulder. Permanent work restrictions were renewed, which the attending provider acknowledged were preventing the applicant from returning. The applicant had undergone further shoulder surgery. Somewhat incongruously, the attending provider stated at the bottom of the report that the applicant could use Norco and/or Celebrex apparently being prescribed through another workers' compensation claim and/or another treating provider. In a separate report dated December 3, 2014, the attending provider noted that the applicant had worsening of depression and new-onset anxiety. The applicant was using Xanax for the same. The applicant had developed insomnia secondary to chronic pain, it was further noted. The applicant had undergone prior shoulder surgery and also had issues with shoulder pain, hand pain, neck pain, and headaches. The attending provider suggested that the applicant follow up with her shoulder surgeon, obtain additional physical therapy, employ Norco for pain relief,

employ Celebrex for pain relief, and employ gabapentin for pain relief. Xanax was also continued. The applicant was placed off of work. The applicant was asked to follow up with her shoulder surgeon. The attending provider suggested that the applicant developed dyspepsia with Motrin and that Celebrex was therefore being employed. On November 3, 2014, the applicant again reported heightened symptoms of depression. The applicant was no longer working as a registered nurse, it was acknowledged. The applicant had been off of work for over a year, it was noted. The applicant exhibited a mildly depressed mood and affect. Vicodin, Norco, Motrin, Neurontin, and Xanax were refilled while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127 and Official Disability Guidelines, Pain, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: Yes, the proposed psychiatric consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health issues become disabling or persist beyond three months. Here, multiple progress notes, referenced above, suggest that the applicant's mental health issues are progressively deteriorating over time. Obtaining the added expertise of a psychiatrist is, thus, indicated in the clinical context present here. Therefore, the request is medically necessary.

Continue to authorize orthopaedic surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127 and Official Disability Guidelines, Pain, Office Visits

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

Decision rationale: The request for continued follow-up visits with an orthopedic surgeon is likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating a particular cause of delayed recovery. Here, the applicant's primary treating provider is likely ill-equipped to address some of the applicant's complaints of pain associated with her previously operated upon shoulder. Obtaining the added expertise of a physician specializing in shoulder issues and/or shoulder surgery, such as an orthopedic shoulder surgeon, thus, was/is indicate. Therefore, the request was medically necessary.

Vicodin #60 per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 76-80, 91, & 124.

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

Decision rationale: The request for Vicodin, a short-acting opioid, conversely, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, the attending provider has not furnished any kind of rationale for concurrent provision of two separate short-acting opioids, Vicodin and Norco. Therefore, the request was not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 76-80, 91, & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: Similarly, the request for Norco, another short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Norco. The applicant has not worked in over a year, despite what appears to be long-term usage of opioid therapy. The attending provider's progress notes failed to identify any meaningful or material improvements in function achieved as a result of ongoing Norco usage and, furthermore, likewise failed to outline any quantifiable decrements in pain achieved as a result of the same. Therefore, the request was not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section Page(s): 7.

Decision rationale: The request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS

Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the applicant has had reported ongoing issues with reflux, heartburn, and dyspepsia, reportedly NSAID-induced. Discontinuing the offending NSAID, ibuprofen, thus, appeared to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: Similarly, request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to establish the presence of improvements in pain and/or function on individuals using gabapentin "at each visit." Here, however, the applicant was/is off of work, despite ongoing usage of gabapentin. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco and Vicodin. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request was not medically necessary.

Xanax 1mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Alprazolam and Benzodiazepines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon a prescribing provider to establish the presence of improvements in pain and/or function on individuals using gabapentin "at each visit." Here, however, the applicant was/is off of work, despite ongoing usage of gabapentin. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco and Vicodin. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request was not medically necessary.

Physical therapy 2x3 with a trial of cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 98.

Decision rationale: Finally, the request for six sessions of physical therapy with a trial of cervical traction was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed "not recommended." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. Here, the request for physical therapy primarily employing the traction modality is not, thus, indicated at this late stage in the course of the claim, per both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.