

Case Number:	CM15-0019571		
Date Assigned:	02/09/2015	Date of Injury:	11/17/2008
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 11/17/2008. The mechanism of injury was not provided. Diagnoses included generalized anxiety disorder; insomnia DT mental disorder; depressive psychosis, mild; psychiatric factor with other diagnoses; cervicgia; osteoarthritis of the shoulder; lumbosacral neuritis NOS; rotator cuff rupture; spondylosis NOS without myelopathy; spinal stenosis, lumbar; and rotator cuff DIS NEC. On 01/06/2015, the injured worker was seen for neck pain rated at 8/10 without medications and a 3/10 with medications. His bilateral shoulder pain was rated a 10/10 without medications and 6/10 with medications. His low back pain radiated into the right posterior thigh rated at 9/10 to 10/10 without medications and a 4/10 to 5/10 with medications. His right ankle pain was rated an 8/10 without medications and a 3/10 to 4/10 with medications. The injured worker continued to complain of depression. Medications included Norco, Protonix, amlodipine/benazepril, digoxin, metoprolol, simvastatin, tamsulosin, warfarin sodium, and Prilosec DR. Upon examination, the injured worker walked with a 4 wheeled walker with seat. There was palpable tenderness of the paravertebral muscles bilaterally. There was decreased sensation over the L5 and S1 dermatomes bilaterally. Diagnostic studies included an MRI of the lumbar spine and an MR arthrogram of the left shoulder. It was noted due to the injured worker's multiple body part injuries, his ability to exercise was limited. His significant weight exacerbated his pain and UR had determined that his medications should be significantly lowered. The request is for outpatient consultation with a [REDACTED] consultant, Norco 10/325 mg #60, and Prilosec 20 mg #20. The Request for Authorization was dated 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation with a [REDACTED] consultant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for outpatient consultation with a [REDACTED] consultant is not supported. The injured worker has a history of neck pain. The CA MTUS/ACEOM state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return to work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. There is a lack of documentation as to specific concerns to be addressed in independent assessment, including the relevant medical and nonmedical issues, diagnoses, causal relationship, prognosis, temporary or permanent impairments, work capability, clinical management, and treatment options. The request is not supported. As such, the request for outpatient consultation with a [REDACTED] consultant is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91.

Decision rationale: The request for Norco 10/325 mg #60 is not supported. The injured worker has a history of neck pain. The California MTUS Guidelines state that opioids are recommended for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behaviors and any side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. There is a lack of documentation of pain relief from medications. There is a lack of documentation of monitoring for compliance with a urine drug screen and a pain management agreement. There is a lack of documentation as to the frequency within the request. The request is not supported. As such, the request for Norco 10/325 mg #60 is not medically necessary.

Prilosec 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #20 is not supported. The California MTUS Guidelines recommend proton pump inhibitors for patients at high risk for gastrointestinal events with no cardiovascular disease. There is a lack of documentation that the injured worker has gastrointestinal events. There is a lack of documentation of a history of peptic ulcer, GI bleed, or perforation associated with use of ASAs, corticosteroids, and/or anticoagulants, or that the injured worker is using a high dose or multiple NSAIDs. There is a lack of documentation of frequency within the request. The request is not supported. As such, the request for Prilosec 20 mg #20 is not medically necessary.