MAXIMUS Federal Services

Case Number:	CM15-0183777		
Date Assigned:	09/24/2015	Date of Injury:	11/05/2014
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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, Pain Management

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 34 year old male, who sustained an industrial injury on 11-5-2014. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff syndrome of the shoulder, ankle sprain-strain, elbow sprain-strain, right shoulder sprain-strain, wrist sprain-strain, hand sprain-strain, anxiety-depression, carpal tunnel syndrome, tendon tear shoulder and ankle, and insomnia. On 8-25-2015, the injured worker reported bilateral shoulder pain rated 7 out of 10, lumbar spine pain rated 7 out of 10, tight wrist pain 7 out of 10, and bilaterally foot pain rated 6 out of 10, noted to be no unchanged since the previous visit. The Treating Physician's report dated 8-25-2015, noted the injured worker had completed 6 sessions of physiotherapy with minimal relief. The injured worker was reported to have notable anxiety and stress and insomnia. The Physician noted the injured worker's condition was consistent with cumulative trauma due to his usual and customary duty for 14 years, with his condition noted as not permanent and stationary. The treatment plan was noted to include an orthopedic evaluation, Naproxen, Prilosec, Acupuncture, an IF unit for home, and Lidall patches. The Treating Physician's report dated May 19, 2015, noted the injured worker reported bilateral shoulder pain rated 6 out of 10, lumbar spine pain rated 7 out of 10, right wrist pain rated 6 out of 10, and bilateral foot pain rated 7 out of 10, unchanged since previous visit. The request for authorization dated 8-25-2015, requested Prilosec 20mg #30, follow-up in 4 weeks, an IF unit, Lidall Patches #60, acupuncture two times a week for three weeks for muscle trigger points, Naproxen 500mg #60, and an orthopedic consultation. The Utilization Review (UR) dated 8-31-2015, non-certified the request for an orthopedic consultation, an IF unit, Lidall

Patches #60, acupuncture two times a week for three weeks for muscle trigger points, and Naproxen 500mg #60, and certified the requests for Prilosec 20mg #30 and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127 Official Disability Guidelines (ODG). Low back chapter - Evaluation and management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the requesting physician has remaining conservative treatment left to try (although unfortunately documentation has not met the burden of medical necessity for some of these things). Additionally, the requesting physician indicates that he has not had the opportunity to review all of the patient's previous treatment records. It seems reasonable to exhausts conservative treatment and review all previous treatment records prior to requesting consultation with a specialist physician. As such, the currently requested orthopedic consultation is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Acupuncture two times a week for three weeks for muscle trigger points: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, it is unclear if the patient has had acupuncture previously and what objective treatment goals are intended to be addressed with the acupuncture. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Lidall Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical Lidall, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations for the treatment of localized peripheral neuropathic pain. As such, the currently requested Lidall is not medically necessary.

IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.) Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.