

Case Number:	CM15-0189253		
Date Assigned:	10/01/2015	Date of Injury:	01/10/2014
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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 61-year-old female, who sustained an industrial injury on 1-10-2014. The injured worker is undergoing treatment for cervicothoracic strain, arthrosis and discopathy with stenosis, right shoulder impingement, possible rotator cuff tear, possible right carpal tunnel syndrome or cubital tunnel syndrome, lumbosacral strain-arthrosis, bilateral hip trochanteric bursitis and status post right knee contusion with patella femoral syndrome. Medical records dated 9-8-2015 indicate the injured worker complains of neck pain radiating to the right arm, right shoulder pain, low back pain, bilateral hip pain and right knee pain. Exam dated 6-3-2015 indicates pain is neck and shoulder pain is constant with tightness, stiffness, and numbness and tingling. Physical exam dated 9-8-2015 notes right shoulder painful range of motion (ROM), positive Neer's test and tenderness to palpation of bilateral hips. Treatment to date has included medication, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, physical therapy, acupuncture and epidural injections. The original utilization review dated 9-18-2015 indicates the request for Referral to a pain management facility for the cervical spine for evaluation and treatment and APAP/Codeine C 300/30mg every 6-8 hours as needed is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a pain management facility for the cervical spine for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, (2004), Chapter 7 Consultations and Independent Medical Examinations.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: This patient sustained a cervical injury in January 2014 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure, which has already been performed. The Referral to a pain management facility for the cervical spine for evaluation and treatment is not medically necessary and appropriate.

APAP/Codeine C 300/30mg every 6-8 hours as needed: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased

ADLs and functional work status with persistent severe pain for this chronic January 2014 injury without acute flare, new injury, or progressive neurological deterioration. The APAP/Codeine C 300/30mg every 6-8 hours as needed is not medically necessary.