

<b>Case Number:</b>	CM15-0190683		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 58 year old male, who sustained an industrial injury on 09-04-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder impingement syndrome with post-traumatic arthrosis of the acromial clavicular (AC) joint with partial versus full rotator cuff tear, degenerative disc disease of the cervical spine, sprain or strain of the left wrist and thumb, lumbar degenerative disc disease, chronic right ankle pain, bilateral knee chondromalacia, anxiety, depression and insomnia. Relevant treatments have included: right shoulder arthroscopic decompression and rotator cuff repair (2015), physical therapy (PT) with good progress, work restrictions, and medications. Medical records (04-27- 2015 to 08-12-2015) indicate improving moderate neck pain with pulling sensation, moderate to severe right shoulder pain at times, moderate low back pain, moderate left knee pain, and moderate to severe left ankle pain. Records did not indicate changes in activity levels or level of function. The physical exam, dated 08-12-2015, revealed tenderness and stiffness to the neck and right shoulder, and improving range of motion (ROM) in the right shoulder. Current medications include Advil. Xanax was prescribed for sleep difficulties, and the functional capacity evaluation was completed on 08-21-2015. The PR and request for authorization (08-12-2015) shows that the following services and medication were requested: functional capacity evaluation for the right shoulder and neck, a urinalysis, and Xanax 1mg #60. The original utilization review (08-26- 2015) non-certified the request for functional capacity evaluation for the right shoulder and neck, a urinalysis, and Xanax 1mg #60. Per the treating physician's progress report (PR), the IW has not returned to work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional capacity evaluation for the right shoulder and neck: 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 132-139), Official Disability Guidelines (ODG) - Fitness for duty chapter - Functional capacity evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed, remaining off work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The functional capacity evaluation for the right shoulder and neck is not medically necessary and appropriate.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient with chronic 2011 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The urinalysis is not medically necessary and appropriate.

**Xanax 1mg #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): Benzodiazepines.

**Decision rationale:** Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Xanax 1mg #60 is not medically necessary and appropriate.