MAXIMUS Federal Services

Case Number:	CM15-0021036		
Date Assigned:	02/10/2015	Date of Injury:	09/20/2012
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 20, 2012. In a Utilization Review Report dated January 20, 2015, the claims administrator partially approved a request for Norco, denied electrodiagnostic testing of bilateral upper extremities, and denied Flexeril. The claims administrator referenced an RFA form received on January 20, 2015 and a progress note of December 11, 2014 in its determination. The applicant's attorney subsequent appealed. In an RFA form dated January 20, 2015, the attending provider has filed a claim for an updated MRI of the shoulder, post-operative electrodiagnostic testing of bilateral upper extremities, Norco, tramadol, naproxen, Protonix, and Flexeril. In a January 3, 2015 progress note, the applicant reported persistent complaints of left shoulder pain with associated limit range of motion and positive impingement signs. 8/10 pain complaints were noted. The applicant had issues with depression and isolation. MRI imaging of the shoulder, a psychological consultation, Norco, tramadol, naproxen, Protonix, and Flexeril were endorsed while the applicant was placed off of work, on total temporary disability. No clearly stated rationale accompanied the request for electrodiagnostic testing of the upper extremities. On December 11, 2014, the applicant again reported persistent complaints of left shoulder pain with positive signs of internal impingement. Electrodiagnostic testing of the bilateral upper extremities were endorsed on the grounds that the applicant had pain complaints disproportionate to the nature of the surgery which transpired. The applicant had reportedly had burning pain witnessed about the left upper extremity, it was

acknowledged. Multiple medications were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 1. No, the request for hydrocodone-acetaminophen (Norco) was 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, however, the applicant was/is off of work, on total temporary disability, despite ongoing, longstanding Norco usage. The applicant continues to report pain complaints in the moderate-to-severe range, 6-8/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 213; 272.

Decision rationale: 2. Similarly, the request for electrodiagnostic testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, EMG or NCV studies are "not recommended" as part of a shoulder evaluation for usual diagnosis. Here, the applicant's primary operating diagnosis is, per the treating provider, impingement syndrome of the shoulder. It was not clearly stated what was suspected via the electrodiagnostic testing at issue. It is further noted that the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing for screening purposes in the evaluation of applicants without symptom is "not recommended." Here, the applicant's pain complaints are confined to the shoulder and/or associated left upper extremity. Since electrodiagnostic testing of the bilateral upper extremities would, by definition, involve testing of the asymptomatic right upper extremity, the request, thus, is not in-line with the ACOEM principles and parameters. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 3. Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.