

Case Number:	CM15-0033814		
Date Assigned:	02/27/2015	Date of Injury:	04/07/2012
Decision Date:	04/17/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, Washington

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 39-year-old male who reported an injury on 04/07/2012. The mechanism of injury was not stated. The current diagnoses include discogenic cervical condition with multilevel disease, thoracic sprain, left knee strain, and impingement syndrome of the left shoulder. The injured worker presented on 01/16/2015 for a follow-up evaluation with complaints of persistent pain. It is noted that the injured worker has been previously treated with physical therapy, medication management, and TENS therapy. The current medication regimen includes Norco. Upon examination, there was mild tenderness to palpation over the left shoulder. There was 110 degrees abduction and internal rotation to 70 degrees. Recommendations at that time included traction for the cervical spine, an EMG of the bilateral upper extremities, a physiatrist consultation, a refill of the current medication regimen, and a urine drug screen. A Request for Authorization form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

1 referral to pain management physician: Upheld

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

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

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it is noted that the injured worker suffers from discogenic cervical condition with multilevel disease and left shoulder impingement syndrome. It is also noted that the injured worker was status post rotator cuff repair and labral repair of the left shoulder. The injured worker has complaints of persistent pain with a numbing sensation in the upper extremities. In the absence of a clear correlation between pathology and pain, a pain management specialist cannot be determined as medically necessary at this time. There is also no documentation of an exhaustion of any recent conservative treatment prior to the request for a specialty referral. Given the above, the request is not medically appropriate.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an

unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Neurontin 600mg #90: 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 Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend antiepilepsy medication for neuropathic pain. In this case, it is noted that the injured worker had continuously utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

1 referral to a physiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. In this case, it is noted that the injured worker has attended a course of physical therapy in the past. However, the total amount of sessions completed is unknown. Documentation of objective functional improvement was not provided. The medical necessity for a physiatrist consultation for an additional opinion on physical medicine and rehabilitation has not been established in this case. As such, the request is not medically appropriate.