MAXIMUS Federal Services

Case Number:	CM15-0036164		
Date Assigned:	03/04/2015	Date of Injury:	04/15/2013
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: Family Practice

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 51-year-old female, who sustained an industrial injury on 4/15/2013. She reports falling from a bucket and injuring the right side and left wrist pain from a heavy pot. Diagnoses include supraspinatus tendinopathy and partial tear, cervical herniated nucleus pulposus, lumbar and cervical radiculopathy, lumbar degenerative disc disease right shoulder arthralgia and bilateral wrist arthralgia. Treatments to date include 16 sessions of acupuncture, 12 sessions of chiropractic care, physical therapy and medication management. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported increased neck and back pain. A request for shoulder surgery has been approved. The injured worker is also note to be diagnosed with constipation. On 2/25/2015, Utilization Review non-certified the request for Nabumetone 750 mg #60, Senna 8.6/50 mg #60 and ongoing orthopedic follow up care, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker is followed for chronic pain in multiple body parts and is pending surgical intervention to the shoulder. At this time, the request for an anti-inflammatory medication to address the inflammatory component of her chronic pain syndrome is supported. The request for Nabumetone 750mg #60 is medically necessary.

Senna 8.6/50mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html.

Decision rationale: As noted in Medline Plus, Senna is an FDA-approved nonprescription laxative. In this case, the medical records indicate a diagnosis of constipation, and therefore the request for Senna is supported. The request for Senna 8.6/50mg #60 is medically necessary.

Ongoing follow up with orthopedic for general orthopedic complaints: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the injured worker is followed for chronic pain to multiple body parts and is undergoing medication management. The request for Ongoing follow up with orthopedic for general orthopedic complaints is medically necessary.