MAXIMUS Federal Services

Case Number:	CM15-0036836		
Date Assigned:	03/05/2015	Date of Injury:	06/12/2004
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 injured worker is a 56 year old female who sustained an industrial injury on June 12, 2004. There was no mechanism of injury documented. The injured worker underwent right elbow surgery with casting in July 2004 and arthroscopy of the right shoulder manipulation and lysis of adhesions (no date documented). A magnetic resonance imaging (MRI) arthrogram of the right shoulder performed on December 3, 2014 demonstrated an intact rotator cuff with mild tendinosis of the supraspinatus. A repeat magnetic resonance imaging (MRI) arthrogram on January 7, 2015 showed no significant abnormality. The injured worker was diagnosed with Reflex Sympathetic Dystrophy Syndrome (RSD) of the right upper extremity, right shoulder sprain and impingement, cervical strain with left cervical radiculopathy, lumbar strain with left lumbar radiculopathy, cervicogenic headaches, secondary depression due to pain, dental and temporal mandibular Joint Disorder (TMJ), gastrointestinal upset due to pain medication, urinary and stool incontinence with urgency. According to the primary treating physician's progress report on January 7, 2015, the injured worker continues to experience right upper extremity pain. Examination note altered sensation with dysesthesia of the right upper extremity and mild swelling of the distal area and cooler to the touch in comparison to the left arm. Lumbar spine documented paralumbar tenderness with spasm, right greater than left side and positive straight leg raise bilaterally producing left buttock, posterior thigh and calf pain and no pain reproduction on the right side. Mild impingement signs of the right shoulder were noted. Palpation of the cervical spine showed paracervical muscle spasm greater on the right than left side. Current medications consist of Ibuprofen, Prilosec, Gabapentin and Morphine Sulfate. Current treatment

modalities consist of right shoulder steroid injection on December 3, 2014 without discussion of other treatments in place. The treating physician requested authorization for Morphine Sulfate IR 15 mg #90; Physical therapy times 6 for neck, right shoulder and lower back; Urine toxicology screen; Follow up visit in 6 weeks. On February 3, 2015 the Utilization Review denied certification for Morphine Sulfate IR 15 mg #90; Physical therapy times 6 for neck, right shoulder and lower back; Urine toxicology screen and the follow up visit in 6 weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR 15 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Guidelines do not recommend short acting narcotics for routine daily treatment of chronic pain. In this case, the patient has been taking morphine sulfate three times daily for several months even though the prescription was written for breakthrough pain. Thus, the request for morphine sulfate IR 15 mg #90 is not medically necessary or appropriate.

Physical therapy times 6 for neck, right shoulder and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend 8-10 sessions of physical therapy for various myalgias or neuralgias. In this case, the patient was injured in 2004 and had already undergone physical therapy with good response. There is no documentation of a new injury or surgery that would explain why the claimant is unable to continue with a home based exercise program. Thus, the request for physical therapy x 6 is not medically necessary and appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening Section.

Decision rationale: Guidelines recommend use of drug screening to assess issues of aberrant drug use in patients thought to be at high risk for abuse. In this case, the patient is on narcotics but there is no documentation of any aberrant behavior or history of prior substance abuse. The patient had undergone frequent urine toxicology screenings with none of the results noted. Thus, the request for urine drug screen is not medically necessary and appropriate.

Follow up visit in 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 92.

Decision rationale: Guidelines state that patients can have follow up post operatively to address ongoing symptoms every 3-5 days. The need for additional follow up visits would be indicated on a visit by visit basis. However, in this case, the patient has been on stable medications, unchanged physical examination findings and diagnosis. Thus, follow up visits in 6 weeks is not medically necessary and appropriate.