MAXIMUS Federal Services

Case Number:	CM15-0041054		
Date Assigned:	03/09/2015	Date of Injury:	05/16/2014
Decision Date:	04/20/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	03/04/2015

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 50 year old male, who sustained an industrial injury on 5/16/14. The injured worker has complaints of right shoulder pain. Shoulder examination noted that right shoulder movements were restricted with abduction limited to 80 degrees limited by pain and adduction limited to 20 degrees but normal flexion and Hawkins test was positive. The diagnoses have included shoulder pain. The documentation noted that the injured worker received shoulder injection July 2014 with relief over one month. The injured worker had a Magnetic Resonance Imaging (MRI) of the right shoulder on 5/23/14. The documentation noted that surgery may be considered in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The 1/31/15 Utilization Review letter states the TENS unit requested on the 1/27/15 medical report was denied because there is "lack of guideline support in regard to the long-term effectiveness of TENS." And there was no documentation of how often the TENS unit was used in the trial period, and no specific short or long-term goals. The 1/27/15 medical report was not provided for this review, however, the 1/22/15 initial pain management report states the patient complains of right shoulder pain, and he had an MRI showing a labral tear. He had surgical recommendations but did not pursue surgery. The patient went back to work at a different job. The report shows he was taking Norco 10/325 mg prior to the initial visit. The treatment plan was to reduce the Norco to 5/325mg to keep the patient able to work. A TENS unit was requested. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function The current request for a TENS unit appears to be from the initial pain management visit on 1/22/15. There is no documentation of a 30-day home trial of TENS. The request for a TENS unit with a one-month trial is not in accordance with MTUS guidelines. The request for TENS unit IS NOT medically necessary.

1 Prescription for Norco 10/325mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue OpioidsCRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-80, 60-61.

Decision rationale: The 1/31/15 Utilization Review letter states the Norco 10/325mg, #60 requested on the 1/27/15 medical report was modified for weaning because there was no documented functional improvement in ADLs compared to baseline with the increase in medication intake over the last few months, and no report of decreased work restrictions. The 1/27/15 medical report was not provided for this review, however, the 1/22/15 initial pain management report states the patient complains of right shoulder pain, and he had an MRI showing a labral tear. He had surgical recommendations but did not pursue surgery. The patient went back to work at a different job. The report shows he was taking Norco 10/325 mg prior to the initial visit. The treatment plan was to reduce the Norco to 5/325mg to keep the patient able to work. A TENS unit was requested. MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. MTUS page 76-80 on When to Discontinue Opioids states prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. The patient was initially seen by the pain management physician on 1/22/15. The report states the patient was taking Norco 10/325mg from the prior physician,

and had returned to work, but at a different job. The pain management physician tried to reduce the Norco to 5/325mg to see if the patient would be able to work with the reduced medication. Apparently it did not work, as on 1/27/15, there was an apparent request for Norco 10/325mg which is the point of this discussion. MTUS does allow trial of pain medications and also states prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. The physician appears to be in the process of titrating Norco to the appropriate dose. The request is in accordance with MTUS guidelines. The request for Norco 10/325mg, #60 IS medically necessary. The patient was initially seen by the pain management physician on 1/22/15. The report states the patient was taking Norco 10/325mg from the prior physician, and had returned to work, but at a different job. The pain management physician tried to reduce the Norco to 5/325mg to see if the patient would be able to work with the reduced medication. Apparently it did not work, as on 1/27/15, there was an apparent request for Norco 10/325mg which is the point of this discussion. MTUS does allow trial of pain medications and also states ?Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule.? The physician appears to be in the process of titrating Norco to the appropriate dose. The request is in accordance with MTUS guidelines. The request for Norco 10/325mg, #60 IS medically necessary.