

<b>Case Number:</b>	CM15-0068150		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	02/06/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

Certification(s)/Specialty: Pediatrics, Internal 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 35 year old male, who sustained an industrial injury on 2/6/15. He reported initial complaints immediate onset of pain in the head, back, shoulders/arms, elbows, wrists, knees. The injured worker was diagnosed as having pain in joint upper arm/shoulder region, forearm, lower leg; other allied disorders of lumbar spine; bilateral shoulder pain; bilateral elbow pain; bilateral wrist pain; bilateral knee pain; abdominal, inguinal/scrotal pain status post contusion and blunt trauma; headache; anxiety; stress. Treatment to date has included multiple x-rays; MRI lumbar spine; medications. Currently, the PR-s notes dated 3/10/15 indicated the injured worker complains of intermittent headaches, associated nausea and dizziness. Additionally, the injured worker complains of continuous bilateral shoulder pain; elbow pain; wrist pain; middle and low back pain and knee pain. The pain levels are documented at 5/10 with current medication listed as Motrin 800mg; there has been no surgical intervention. He uses a walker (belonged to his mother). The provider included in his treatment plan a request for physical therapy and medications as listed: Functional Improvement Measurements of Bilateral Shoulders; bilateral elbows; bilateral wrists; bilateral knees; upper back (thoracic spine); lower back (lumbar spine) and medications: Tramadol, Zolpiderm, Omeprazole, Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Functional Improvement Measurements of Bilateral Shoulders: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment.

## **Functional Improvement Measurements of Bilateral Elbows: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment.

## **Functional Improvement Measurements of Bilateral Wrists: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment.

## **Functional Improvement Measurements of Bilateral Knees: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg - Functional improvement measures.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment.

### **Functional Improvement Measurements of Upper Back (Thoracic Spine): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic - Functional improvement measures.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment after for more information and references.

### **Functional Improvements of Lower Back (Lumbar Spine): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 138. Official Disability Guidelines: Fitness for Duty chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic - Functional improvement measures.

**Decision rationale:** Per MTUS guidelines, functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the patient's functional performance in the clinic. Physical Impairments should include objective

measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. This request is medically necessary as a baseline for treatment.

**Tramadol 150 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** The IW has been on opioids since the accident on 2/6/15, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and appropriate.

**Zolpidem 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Zolpidem (Ambien), Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Insomnia treatment.

**Decision rationale:** Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. This request is not medically necessary and appropriate.

**Omeprazole 20 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There are no notations of risk factors for GI side effects in the progress notes nor is there any indication of the IW taking NSAID's. This request is not medically necessary and appropriate.