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| Case Number: | CM14-0147588 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 04/10/2012 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of April 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 27, 2014, the claims administrator failed to approve requests for eight sessions of physical therapy, an exercise ball, Xanax, Flexeril, and urine drug testing. The claims administrator invoked the MTUS Postsurgical Treatment Guidelines, stating that the applicant had undergone earlier shoulder surgery on June 19, 2014. The applicant's attorney subsequently appealed. In a February 28, 2014 medical-legal evaluation, it was acknowledged that the applicant had last worked on December 23, 2013. In a handwritten note dated April 26, 2014, difficult to follow, not entirely legible, the applicant was given prescriptions for alprazolam for anxiety, Flexeril for muscle spasm, and hydrocodone for chronic pain. Ten sessions of massage therapy were sought. The applicant was placed off of work, on total temporary disability, for an additional five weeks. Authorization was seemingly sought for shoulder surgery. The note was extremely difficult to follow. In an earlier note dated March 17, 2014, the applicant was again placed off of work, on total temporary disability. On June 4, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, low back, and hip pain. Alprazolam, Flexeril, and Norco were again endorsed. The note was very difficult to follow and comprised almost entirely of preprinted checkboxes. In a shoulder surgery consultation dated May 6, 2014, the second-opinion shoulder surgeon stated that the applicant had chronic impingement syndrome which had proven recalcitrant to conservative treatment. It was suggested that the applicant pursue a shoulder surgery for the same. On June 24, 2014, the

applicant received a dressing change following earlier shoulder surgery apparently performed on June 19, 2014. Norco was prescribed. On July 16, 2014, alprazolam, Flexeril, and other medications were renewed while the applicant was kept off of work, on total temporary disability, for an additional 45 days. The applicant was asked to pursue 12 sessions of physical therapy. On July 29, 2014, twelve sessions of physical therapy and Norco were prescribed. The applicant's work status was not furnished. On August 19, 2014, Norco and Flexeril were endorsed. The applicant was asked to continue physical therapy. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery on June 19, 2014 as of the date of the Utilization Review Report, August 27, 2014. While the Postsurgical Treatment Guidelines do go on to establish a general course of 24 sessions of treatment following arthroscopic shoulder surgery for impingement syndrome, as apparently transpired here, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatments shall be discontinued at any time during the postsurgical physical medicine period in applicants in whom no functional improvement is demonstrated. In this case, the handwritten progress note did not clearly outline the presence of functional improvement despite the applicant having completed what appears to be 24 earlier sessions of postoperative physical therapy, per the claims administrator. The applicant remains off of work, on total temporary disability, and remains dependent on opioid agents such as Norco. All of the foregoing, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior postoperative physical therapy. Therefore, the request for additional postoperative physical therapy is not medically necessary.

DME Exercise Ball: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The exercise ball at issue, thus, per

ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Alprazolam 1 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam (Zanaflex) may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant having any overwhelming symptoms on and around the date of the Utilization Review Report. It is further noted that the applicant appears to be using alprazolam on a chronic, long-term, and/or daily-use basis, however, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

Flexeril 5mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is seemingly using a variety of other analgesic and anxiolytic medications, including Norco and Xanax. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended in chronic pain applicants, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete

medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did not clearly state what drug tests and/or drug panels were being tested for. The attending provider did not clearly identify when the applicant was last tested. The attending provider did not state that he was in fact eschewing a confirmatory and/or quantitative testing here. Therefore, the request was/is not medically necessary.