MAXIMUS Federal Services

Case Number:	CM14-0162226		
Date Assigned:	10/07/2014	Date of Injury:	11/12/1999
Decision Date:	12/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal 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 injured worker sustained an injury to his left shoulder and shoulder blade on November 12, 1999. A progress note dated July 14, 2014 indicates the injured worker has persistent pain in the left shoulder with muscle spasms and sharp pain on movement. There is tenderness in the right shoulder blade. There is tenderness overlying the left acromioclavicular joint with positive Neer's, Hawkin's and O'Brian's. The treatment plan is for prescription medications, consultant referrals, home health aide and surgery. The documentation is otherwise limited and unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated

by the patient's decreased pain, increase level of function or improve quality of life. Detailed pain assessments should be in the record. The lowest possible dose should be prescribed to improve pain and function. The exam from July 14, 2014 notes the injured worker has left shoulder pain with muscle spasms and sharp pain. The documentation is very limited in terms of progress notes and clinical assessments. There is no documentation of objective functional improvement and/or associated decrease in opiate use. It is unclear as to the exact start date of opiates. There is no clinical documentation as to whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, Norco 10/325 #120 is not medically necessary.

Prilosec 20 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #90 is not medically necessary. Prilosec is a proton pump converter. Proton pump inhibitors are indicated in patients at risk for taking nonsteroidal anti-inflammatory drugs in certain conditions. These risks include, but are not limited to, a greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids; and/or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, there is no clinical documentation supporting the use of Prilosec. The injured worker does not have any of the comorbid conditions or a past medical history compatible with peptic ulcer, G.I. bleeding, concurrent use of aspirin or steroids and high-dose anti-inflammatory drug use. Consequently, Prilosec 20 mg #90 is not medically necessary.

Ultram 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 150 mg is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. Detailed pain assessments should be in the medical record. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking both Ultram 150 mg and

Norco 10/325 mg #120. There is no documentation to support the dual use of two opiates in this injured worker. Additionally there is no documentation of objective functional improvement associated with the use of this medication. There were no risks assessments present in the medical record alluding to the low risk, intermediate or high risk nature of injured workers taking multiple opiate medications. There were no ongoing urine drug studies or any risk assessment discussions within the body of the medical record. The frequency and quantity of Ultram was not in the request. Consequently, Ultram 150 mg is not medically necessary.

Home health, three times weekly for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Home Health Aid

Decision rationale: Pursuant to the Official Disability Guidelines, home health services, three times weekly for three months are not medically necessary. Home health services are recommended for patients who are homebound and require one or combination of the following. Skilled nursing care by a licensed medical professional for tasks such as administration of intravenous drugs, dress changes, physical therapy, speech language pathology services and occupational therapy; home health aide services for health related tasks and assistance with activities of daily living that do not require skills of a medical professional such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with oral administration of medications and/or domestic services such as shopping, cleaning, laundry that the individual is no longer capable of performing due to illness or injury. These services do not require specialized training and do not need to be performed by a medical professional. Home health care services are medically necessary with a medical condition results in an inability to leave the home for medical treatment and/or inability to perform specific custodial or homemaker services. In this case, although the claimant is home-bound, there is no clinical indications or rationale and medical records indicating home healthcare is medically necessary. There is no documentation indicating the injured worker requires administration of intravenous drugs, dressing changes, physical or occupational therapy. There is no documentation medical record indicating domestic services such as shopping, cleaning and laundry are to be performed. Consequently, absent the appropriate documentation, home health three times a week for three months is not medically necessary.

Physical therapy for the right shoulder and right scapula, twice weekly: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy to the right shoulder and right scapula twice weekly (no fixed duration) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continue with physical therapy). In this case, the clinical documentation does not contain details of physical therapy including, but not limited to, frequency and duration in a specific area being treated. The handwritten progress note dated July 14, 2014 contained the request for PT (physical therapy) two times per week to the right shoulder and right scapula. Similarly, the progress note did not contain evidence of prior physical therapy. Consequently, absent the appropriate documentation, physical therapy to the right shoulder and right scapular twice-weekly (no fixed duration) is not medically necessary.