

Case Number:	CM14-0162459		
Date Assigned:	10/07/2014	Date of Injury:	11/01/2009
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
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 Physical Medicine & Rehabilitation 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 is a 74-year-old male who reported an injury on 11/01/2009. The mechanism of injury was reportedly a fall. His diagnoses were multilevel cervical discogenic disease, multilevel cervical disc bulging, multilevel lumbar discogenic disease, multilevel lumbar disc bulging, and status post right shoulder surgery with residuals. His treatments included medications, acupuncture, chiropractic treatment, and physical therapy. Diagnostics included x-ray of the right wrist, electromyography/nerve conduction study, and MRIs of the cervical and lumbar spine. His surgeries included a right knee arthroscopic surgery in 2009, right shoulder surgery on 06/29/2010 and 07/2011, and left shoulder surgery in 05/2012. On 08/15/2014, the injured worker reported intermittent achy cervical spine pain at a level of 4/10. He also reported an intermittent ache of the lumbar spine, with a pain level of 4/10 to 5/10. The physical examination revealed tenderness to the cervical and lumbosacral spine. Motor testing was 5/5 of the lower and upper extremities. Straight leg raise was positive. His medication was noted as Norco 10/325. The treatment plan was for 1 functional capacity evaluation and Norco 5/325 mg 60 count with 1 refill. The rationale for the request was not provided. The Request for Authorization forms were submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: Based on the clinical information submitted for review, the request for one (1) functional capacity evaluation is not medically necessary. According to the Official Disability Guidelines, a functional capacity evaluation is recommended prior to admission to a work hardening program. It is not recommended as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. A functional capacity evaluation is more likely to be successful if a worker is actively participating in determining the suitability of a particular job. The injured worker reportedly sustained a work related injury to the neck, shoulder, and lower back. There is insufficient clinical documentation indicating that the injured worker was entering a work hardening program and required an assessment for a specific task or job, as it is required by the guidelines. Also, it is unknown if he has had prior and successful return to work attempts. The rationale for the request was not submitted, therefore, the request is not supported. As such, the request for one (1) functional capacity evaluation is not medically necessary.

Norco 5/325 mg #60 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain Page(s): 78; 80.

Decision rationale: Based on the clinical information submitted for review, the request for Norco 5/325 mg #60 with one (1) refill is not medically necessary. According to the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective, but limited for short term pain relief. Ongoing use of opioids should include continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit, which includes current pain at the time of visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. The injured worker reportedly sustained a work related injury to the neck, shoulders, and lower back. On 08/15/2014, he reported his pain at a minimal of 4/10 that was intermittent and achy to the cervical spine, and his lumbar spine pain was 4/10 to 5/10. The clinical documentation submitted for review lacked objective data showing that the physician had performed a detailed pain assessment at every visit. Also, it is unclear as to when his last urinary drug screen was performed, as there was no recent note with results. There is insufficient objective clinical data showing that the medication helped him with pain relief and functional gains. Furthermore, the request failed to provide the frequency of the medication as

prescribed. As such, the request for Norco 5/325 mg #60 with one (1) refill is not medically necessary.