

Case Number:	CM13-0002872		
Date Assigned:	04/22/2015	Date of Injury:	11/05/1998
Decision Date:	06/10/2015	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/24/2013

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: Orthopedic Surgery, Sports 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 58-year-old male patient who sustained an industrial injury on 11/05/1998. The mechanism of injury was not provided. A primary treating office visit dated 06/11/2013 reported current complaints of low back pain with radiation to the left leg and occasionally the right; right shoulder pain, neck pain, left ankle and left knee pain, left heel pain, depression/anxiety, gastrointestinal upset, left upper quadrant abdominal pain, and mid back pain. The treatment plan included a urology and nephrology consultation due for occult blood in the urine, a cardiology consultation, psychological consultation with behavior management treatment cognitive, behavioral management treatment for up to 20 sessions, chiropractic/physical therapy 6 visits once per week for 6 weeks, and medications, a muscle stimulator as it was helpful, and a urine toxicology screen as well as blood workup. The following diagnoses are applied: left lumbar radiculopathy with recurrent back spasms; cervical strain with right cervical radiculopathy; right shoulder strain with radiographic evidence for AC osteoarthritis and subchondral cyst; left knee, left ankle, and left heel pain; secondary depression and anxiety; secondary gastrointestinal upset; intermittent left upper quadrant strain, and thoracic strain. The documentation of 02/23/2015 revealed the injured worker had right shoulder pain increased by above shoulder level reaching. The injured worker indicated without opioids his pain level would be 7/10 to 8/10 and with medication, it is 4/10. The pain medications increased activities of daily living including household jobs, shopping and light housekeeping. Adverse effects include occasional loose stools and constipation and at times nausea. The injured worker denied other side effects and aberrant behavior. The medication was noted to be prescribed in

one physician's office. The physical examination of the right shoulder revealed abduction of 110 degrees, flexion 125 degrees, extension and adduction 30 degrees and there was slight tenderness over the right AC region. The treatment plan included a continuation of medications, physical therapy, an MRI of the lumbar spine, and the documentation indicated the injured worker had opted to forego right shoulder surgery since he had a good response to a course of physical therapy. Additionally, it was documented the injured worker had finished psychological treatment and if there was further flare-up the injured worker would contact the psychologist who treated him. The injured worker was noted to have a signed opioid contract on file and was performing water aerobics. Recommendation to prescribe the following: Norco 10/325mg, Morphine IR, continue with Voltaren gel, Zanaflex, Zoloft, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Shoulder Complaints, pages 560-561.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The ACOEM guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. The clinical documentation submitted for review indicated the injured worker had decided against surgical intervention. There was no imaging evidence submitted for review. The request as submitted failed to indicate the specific surgical intervention being requested. Given the above, the request is not medically necessary.

Cardiac Clearance for Right Shoulder Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, 2004, Referrals or Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker on 06/11/2013 had continued blood in the urine in spite of stoppage of NSAID use. The documentation of 02/23/2015 revealed the injured worker had gone to the urologist. If this was the original urology consultation, the request would be supported; however, if this is a repeat consultation, the request would not be supported. Given the above and the lack of documentation, the request is not medically necessary.

Nephrology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, 2004, Referrals or Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker on 06/11/2013 had continued blood in the urine in spite of stoppage of NSAID use. The necessity for both a urology and nephrology consultation was not provided. Given the above and the lack of documentation, the request is not medically necessary.

Cardiology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Blood Work (CMP, CBC, UA with dipstick and microscopic, urine culture and sedimentation): 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), Low Back, Preoperative Lab Testing and Preoperative Testing-General.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70. Decision based on Non-MTUS Citation Lab Tests Online Website (labtestsonline.org).

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines recommend periodic monitoring of liver and kidney function testing for all injured workers taking long term NSAIDS. Per Labtestsonline.org, the Urinalysis is performed to screen for metabolic and kidney disorders and for urinary tract infections (UTIs) and the urine culture test detects and identifies bacteria and yeast in the urine. The clinical documentation submitted for review failed to provide a rationale for the requested blood work. Given the above, the request is not medically necessary.

Chiropractic Treatments (6-sessions, once a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first six visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to provide documentation of prior treatments. The injured worker's response to prior treatments was not provided. The request as submitted failed to indicate the body part to be treated. Given the above, the request is not medically necessary.

Physical Therapy (6-sessions, once a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of sessions previously attended as well as the objective functional benefit that was received and the remaining objective functional deficits. The request as submitted failed to indicate the body part to be treated. Given the above, the request is not medically necessary.

Muscle Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation, Galvanic Stimulation Page(s): 114-118, 121.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Galvanic Stimulation is not recommended. The documentation indicated the request was for the Ortho Stem 4. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, as multiple components are not recommended. The request as submitted failed to indicate the specific muscle stimulator being requested and the duration of use. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request is not medically necessary.

Morphine IR 15mg, tid prn, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids- Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had an objective decrease in pain and objective improvement in function with the requested medication. Given the above, the request is medically necessary.

Norco 325mg, tid prn, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker had an objective decrease in pain and objective improvement in function with the requested medication. However, the request as submitted failed to include the strength of the requested medication to indicate the strength of the hydrocodone. 325 mg is the strength of the acetaminophen. Given the above, the request is not medically necessary.

Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and an objective decrease in pain. However, the request as submitted failed to indicate the frequency, quantity and dosage for the requested medication. Given the above, the request is not medically necessary.

Zanaflex 2mg, 1 tid prn,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant

Non-adherence to guideline recommendations. The documentation indicated this medication had been utilized for an extended duration of time. There was documentation of objective functional benefit. However, as the injured worker had utilized the medication for an extended duration of time, this request would not be supported. Given the above, the request is not medically necessary.

Zoloft 50mg, 2 tabs tid prn,: 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), Pain, Sertraline (Zoloft).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was utilizing the medication to manage the depression symptoms. However, there was a lack of documentation of changes in the use of other analgesic medications, and sleep quality and duration. There was a psychological assessment and documentation of an objective decrease in pain and objective improvement in function. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary.

Xanax 0.25mg, 1-2 tabs tid prn, #60: 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), Pain, Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. This medication was a current medication and as such, exceeds guideline recommendations for a maximum of 4 weeks of usage. The documentation indicated the injured worker had increased anxiety due to pain. However, as this request would exceed guideline recommendations and there were no exceptional factors, the request is not medically necessary.