MAXIMUS Federal Services

Case Number:	CM15-0013133		
Date Assigned:	01/30/2015	Date of Injury:	01/31/2003
Decision Date:	03/20/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old male, with a reported date of injury of 01/31/2003. The diagnoses include cumulative trauma injury, bilateral knee disc injury displacement, status post left shoulder cuff repair, right shoulder rotator cuff injury, cervical disc injury/lumbar spine disc injury, bilateral epicondylitis, cervical and lumbar disc displacement, and cervical and lumbar sprain/strain.Treatments have included an MRI of the right shoulder on 04/15/2014, physical therapy for the shoulder, an MRI of the cervical spine on 07/29/2014, an x-ray of the cervical spine on 08/05/2014, and oral medications. The medical record dated 12/15/2014 indicates that there was swelling in the right shoulder, decreased range of motion of the right shoulder, normal deep tendon reflexes, and normal motor strength. The treating physician requested Norco 5/325mg for pain control and a functional restoration program evaluation to better help the injured worker cope, adjust, and adapt with his chronic pain condition.On 01/15/2015, Utilization Review (UR) denied the request for one functional restoration program evaluation, and modified the request for Norco 5/325mg. The UR physician noted that there was no measurable pain relief or quantifiable functional improvement to justify the ongoing use of Norco, and the injured worker had undergone conservative treatments. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: FILE NUMBER: CM15-0013133CLINICAL SUMMARY: The applicant is a represented State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 31, 2003.In a Utilization Review Report dated January 10, 2015, the claims administrator partially approved a request for Norco while denying a functional restoration program outright. The claims administrator referenced a December 29, 2014 progress note in its determination. The claims administrator noted that the applicant had alleged multifocal pain complaint secondary to cumulative trauma at work. The claims administrator contended that the applicant had been using Norco for over 10 years without profit.The applicant's attorney subsequently appealed.On January 16, 2015, the attending provider acknowledged that the applicant was off of work owing to multifocal complaints of shoulder pain, knee pain, elbow pain, neck pain, and low back pain. The attending provider suggested that the applicant pursue additional acupuncture. The attending provider suggested that the applicant had not had previous acupuncture. The attending provider reiterated his request for the functional restoration program. The applicant was apparently using Norco, Flexeril, and Motrin, it was stated.In a December 20, 2014 progress note, the attending provider suggested that the applicant pursue a functional restoration program evaluation. The attending provider acknowledged that he was the founder and owner of the functional restoration program at issue. The attending provider renewed request for Norco and Motrin. The attending provider noted that the applicant was quite uncomfortable owing to multifocal complaints of neck, bilateral knee, bilateral shoulder, low back, and elbow pain. The applicant was not working, it was acknowledged, at age 61. Acupuncture was endorsed.REFERRAL QUESTIONS:1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here.As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, although it is acknowledged that this may, in part, represent a function of age-related retirement as opposed to a function of the applicant's chronic pain complaints alone. Nevertheless, the attending provider's progress note of late 2014 and early 2015 failed to outline any meaningful or material improvements in function and/or quantifiable decrements in pain effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.REFERENCES:MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.

1 functional restoration program evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain Page(s): Chronic Pain Medical Treatment Guidelines MTUS (Effectiv.

Decision rationale: 2. Similarly, the request for a functional restoration program evaluation was likewise not medically necessary, medically appropriate, or indicated here.While page 6 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an evaluation for admission into a multidisciplinary pain program should be considered in applicants who are prepared to make the effort to try and improve, in this case, however, there was no mention of the applicant's willingness to forego disability or indemnity benefit in an effort to try and improve. The attending provider did not clearly establish or articulate what potential gains could be effected through the functional restoration program. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted, stipulates that one of the cardinal criteria for pursuit of a functional restoration program is that evidence that absence of other options likely result in significant clinical improvement. Here, the attending provider proposed the functional restoration program evaluation at the same time that he proposed that the applicant receive acupuncture. The attending provider reiterated on several occasions in late 2014 and early 2015 that the applicant had not had any prior acupuncture. Thus, there is an alternative treatment modality, namely acupuncture, which has not been employed here which could potentially result in functional improvement. Therefore, the request for a functional restoration program evaluation was not medically necessary.REFERENCES:1. MTUS Chronic Pain Medical Treatment Guidelines, page 6, Patients with Intractable Pain section.2. MTUS Chronic Pain Medical Treatment Guidelines, page 32, Chronic Pain Programs topic.