

Case Number:	CM15-0118979		
Date Assigned:	06/29/2015	Date of Injury:	02/01/2014
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 02/01/2014 secondary of a fall from 10-12 feet, landing on his back and struck a concrete slab resulting in degloving his scalp, fracturing the mid fifth phalanx of the right and a non-displaced comminuted fracture to the right C1 lateral mass. On provider visit dated 05/28/2015 the injured worker has reported an improvement in headaches. On examination of the injured worker was noted to not be able to open his mouth completely and tenderness to palpation was noted throughout the occipital region of his scalp. There was a healed avulsion wound across the crown of his head. Point tenderness was at the TMJ bilaterally. The injured worker was noted to have tenderness to palpation throughout the ribs on both sides. The diagnoses have included status post trauma, chronic pain syndrome involving neck and back with radicular symptom to left upper extremity and bilateral lower extremities. Treatment to date has included medication, physical therapy, exercise program, psychologist evaluation. The provider requested Percocet, physical therapy and digital voice recorder (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 06/09/15 and presents with left shoulder pain and headaches. The request is for Percocet 10/325 MG #120. The RFA is dated 06/02/15 and the patient is not currently capable from a psychological or cognitive standpoint to work and I do not know when he will be able to I do not believe that he would be able to work in any meaningful physical capacity. The patient underwent a rotator cuff repair of the left shoulder on 10/08/14. The patient has been taking this medication as early as 11/25/14. Treatment reports are provided from 11/25/14 to 05/28/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The 12/10/14, 01/05/15, 03/31/15, and 04/29/15 reports state that the patient denies any significant side effects with his medications, including any nausea, dizziness, sedation, or constipation. The patient states that his pain is approximately 8/10 without the Percocet whereas with the Percocet his pain is about 3/10 in intensity. Although the treater discusses side effects/aberrant behavior and provides before-and- after medication pain scales, not all of the 4 A's are addressed as required by MTUS guidelines. There are no examples of ADL's which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet is not medically necessary.

Physical therapy x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

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

Decision rationale: The patient was injured on 06/09/15 and presents with left shoulder pain and headaches. The request is for Physical Therapy X 8 Sessions for strengthening of his grip in both hands. The RFA is dated 06/02/15 and the patient is not currently capable from a psychological or cognitive standpoint to work and I do not know when he will be able to I do not believe that he would be able to work in any meaningful physical capacity. The patient underwent a rotator cuff repair of the left shoulder on 10/08/14. The 12/10/14 report states that the patient recently completed a course of 8 sessions of physical therapy regarding his left shoulder. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self- directed home Physical Medicine. MTUS

Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with status post trauma, chronic pain syndrome involving neck and back with radicular symptom to left upper extremity and bilateral lower extremities. The patient underwent a rotator cuff repair of the left shoulder on 10/08/14 and is not currently in post-operative time-frame. The patient has had 8 prior physical therapy; however, there is no indication of when all of these sessions took place or how these sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 8 sessions of therapy to the 8 sessions the patient has already had exceeds what is allowed by MTUS guidelines. Therefore, the requested physical therapy is not medically necessary.

Digital voice recorder (purchase): 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), Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Durable Medical Equipment.

Decision rationale: The patient was injured on 06/09/15 and presents with left shoulder pain and headaches. The request is for Digital Voice Recorder (Purchase) for the patient to better remember and understand doctors instructions. The patient may also use the voice recorder to record daily tasks that are necessary to perform. The RFA is dated 06/02/15 and the patient is not currently capable from a psychological or cognitive standpoint to work and I do not know when he will be able to I do not believe that he would be able to work in any meaningful physical capacity. The patient underwent a rotator cuff repair of the left shoulder on 10/08/14. The MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Knee and Leg Chapter, under Durable Medical Equipment states: "Recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." The patient is diagnosed with status post trauma, chronic pain syndrome involving neck and back with radicular symptom to left upper extremity and bilateral lower extremities. The treater is requesting for a digital voice recorder so the patient can better remember and understand doctors instructions. The patient may also use the voice recorder to record daily tasks that are necessary to perform. The 05/12/15 report states that the patient still has difficulty focusing and remembering. He is unable to understand complex ideas in a short period of time. He often feels confused and overwhelmed by more than simple information. He often feels dizzy and confused. In this case, ODG does not recommend durable medical equipment unless it has a specific medical purpose and is not useful in the absence of illness or injury. Given the patient's cognitive deficit, the request appears reasonable. The request is medically necessary.