

Case Number:	CM15-0172751		
Date Assigned:	09/14/2015	Date of Injury:	04/11/2012
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 52 year old male, who sustained an industrial injury on 4-11-12. Medical record indicated the injured worker is undergoing treatment for discogenic cervical condition, impingement syndrome of right and left shoulder and chronic pain. Treatment to date has included cervical radiofrequency nerve ablation, shoulder surgery, transcutaneous electrical nerve stimulation (TENS) unit, hot-cold wrap, neck pillow, and right shoulder physical therapy, oral medications including Flexeril, Nalfon, Neurontin, Protonix and Tramadol; topical LidoPro cream and activity modifications. Currently on 8-21-15, the injured worker complains of continued difficulty and tightness of shoulder with burning when he gets past 90 degrees of abduction on right side (notes not much improvement since 1-2015); and he notes shooting pain down right arm. Physical exam performed on 8-21-15 revealed positive impingement sign, restricted range of motion of bilateral shoulders, on right, tenderness along the rim of distal clavicle, tenderness along the os acromial on palpation and on left some tenderness along the os acromial and tenderness along the rotator cuff and biceps tendon. A request for authorization was submitted on 8-12-15 for 4 lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment, left shoulder physical therapy, Naproxen 550mg #60, Protonix 20mg #60, Ultracet 37.5mg #60, Effexor XR 75mg #60, Remeron 15mg #30, Maxalt 10mg #12, Topamax 50mg #60 and Lunesta 2mg #30. On 9-1-15, utilization review non-certified requests for Ultracet 37.5mg and retrospective Ultracet 37.5mg noting this is a controlled substance, documentation does not support he has returned to work, it is not adequately documented he has significant improvement in activities of daily living or reduction in work restrictions; Maxalt 10mg noting documentation does not support he has migraines, transcutaneous electrical nerve stimulation (TENS) noting documentation does not adequately support functional benefit for prior use, conductive garment noting it is not medically necessary and physical therapy noting it was previously denied 2 times so was not reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Ultracet 37.5mg #60 DOS: 9/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Prospective Ultracet 37.5mg #60 DOS: 9/29/2015 is not medically necessary.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Ultracet 37.5mg #60 is not medically necessary.

Maxalt 10mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Maxalt).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Triptans, Head.

Decision rationale: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Maxalt 10mg #12 is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that a trial period with a rented TENS unit has been completed, but there was no note of any functional improvement as a result of its use. Purchase of a TENS unit is not medically necessary.

Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that a trial period with a rented TENS unit has been completed, but there was no note of any functional improvement as a result of its use. Conductive Garment is not medically necessary.

Physical Therapy for the left shoulder (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This request for physical therapy has been denied twice, on 08/03/2015 and again on 04/10/2015. Being such, the previous reviewer did not review the issue. Physical Therapy for the left shoulder (unspecified quantity) is not medically necessary.