

Case Number:	CM15-0173458		
Date Assigned:	09/15/2015	Date of Injury:	06/04/2007
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old woman sustained an industrial injury on 6-4-2007. The mechanism of injury is not detailed. Evaluations include left elbow MRI dated 10-5-2010, left shoulder MRI dated 10-5-2010, electromyogram and nerve conduction studies dated 8-30-2010, right elbow MRI dated 11-14-2008, brachial plexus MRI dated 11-10-2008, right forearm x-rays dated 2-13-2008, cervical spine MRI dated 9-20-2007, and bone scan dated 9-7-2007. Diagnoses include cervical radiculopathy, shoulder pain, elbow pain, extremity pain, and reflex sympathetic dystrophy of the upper limb, right hand chronic regional pain syndrome, bilateral shoulder pain, and carpal tunnel syndrome. Treatment has included oral and topical medications, right stellate ganglion blocks, use of right shoulder sling brace, and use of a hand splint, psychotherapy, physical therapy, and cervical epidural steroid injection. Physician notes dated 8-20-2015 show complaints of cervical spine, bilateral shoulder, and left upper extremity pain, poor sleep quality, and a decreased activity level. The worker rates her pain 10 out of 10 without medications and 3 out of 10 with medications. The physical examination shows a slowed gait, trigger point with radiating pain and twitch response on palpation of the trapezius and right supraspinatus muscles, right shoulder with restricted movement due to pain, guarding of the right upper extremity, tenderness of the entire right upper extremity, left shoulder with restricted movement due to pain, positive Hawkins sign, acromioclavicular joint and coracoid process tenderness, allodynia to the right hand, shiny skin appearance, intrinsic muscle atrophy, distal interphalangeal hyperextension of the right index-middle-ring fingers, decreased strength in left shoulder abduction, left shoulder external rotation, bilateral abductor pollicis and abductor digiti minimi

with the right side weaker, and right upper extremity hyperalgesia and allodynia. Recommendations include possible future subacromial injections, surgical interventions, Ketoprofen, Voltaren gel, Norco, Lidocaine ointment, Lorzone, continue use of left wrist splint, continue use of right shoulder sling, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 6/325mg #60: Overturned

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): Complex Regional Pain Syndrome (CRPS), Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Per the MTUS guidelines, pain management for CRPS includes antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDS; opioids; calcitonin; bisphosphonates; alpha adrenoceptor antagonists. In this case, the injured worker is diagnosed with RSD and has failed multiple medications and was not a candidate to pursue spinal cord stimulator implantation. The injured worker is maintained on low dose Norco 5/325 mg and is reporting improvement with this medication. The medical records do not establish evidence of abuse or diversion. The request for Norco 5/325mg #60 is medically necessary and appropriate.

1 Retrospective Urine Toxicology Screen (DOS: 8/20/15): 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): Drug testing, Opioids, criteria for use.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support a urine drug screen. The request for 1 Retrospective Urine Toxicology Screen (DOS: 8/20/15) is not medically necessary and appropriate.

1 Home health aide for 10 hours a day: 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:

Home health services; Medicare Benefits Manual, Chapter 7 - Home Health Services; section 50.7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Per the MTUS guidelines, Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the medical records note that the injured worker is being provided with two hours of daily home health aide and the request for additional care at 10 hours per day exceeds the amount of care recommended by the MTUS guidelines. In addition, the medical records do not establish that the injured worker is home bound. The request for 1 Home health aide for 10 hours a day is not medically necessary and appropriate.