

Case Number:	CM15-0062188		
Date Assigned:	04/08/2015	Date of Injury:	06/19/2010
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/01/2015

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, Arizona

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 35 year old female, who sustained an industrial injury on 6/19/2010. The current diagnoses are shoulder pain, rheumatoid arthritis and other inflammatory polyarthropathies, chronic pain syndrome, and rotator cuff disorders (not elsewhere classified). According to the progress report dated 3/18/2015, the injured worker complains of pain in the left side of her head, left side of neck, left arm, and left side of upper/mid/lower back. She described the pain as aching, throbbing, and burning. The pain is rated 5/10 with medications and 8-9/10 without. On examination, the neck showed tenderness over the paracervical muscles and trapezius. Examination of the left shoulder showed that movements were restricted with abduction limited to 90 degrees. On palpation, tenderness was noted in the subdeltoid bursa and subacromial bursa. She was noted to be ambulating without any devices and her gait was normal. Motor examination was limited by pain. Her medications included Cymbalta, Norco, Methotrexate, Plaquenil, Prednisone, Folic Acid, Naproxen, Omeprazole, Pilocarpine, Xanax, and Ibuprofen. Treatment to date has included medication management. The plan of care includes MRI of the left shoulder, restart psychiatrist treatments, 4 acupuncture sessions to the cervical spine, and transportation to doctor visits, random toxicology screening, Norco, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation submitted for review fails to show that the patient was having a satisfactory response to the use of this medication in terms of a quantitative decrease in pain or an objective improvement in function. While it was noted that the injured worker had a decrease in pain and the ability to function and do more things throughout the day with the use of her medications, no official urine drug screens were provided to validate that she has been compliant with her medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most shoulder issues unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The documentation submitted for review does not show that the injured worker has tried and failed all recommended conservative therapies to support the medical necessity of this request. Also, there is no indication that she had undergone plain film x-rays to support the medical necessity of a higher level imaging study such as an MRI. Therefore, the request is not supported. As such, the request is not medically necessary.

Restart treatments (psychiatrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested restart treatments for a psychiatrist are not supported. According to the California MTUS Guidelines, psychological therapy should be reserved for

those who show signs of depression, anxiety, or irritability. The documentation submitted for review does not indicate that the injured worker has any significant psychological stressors evident that would support the medical necessity of psychological treatment. Also, the request as stated indicates that the injured worker may have previously undergone psychological therapy. No documentation was provided regarding how many sessions or her response to the sessions, if any, to support additional sessions. Therefore, the request is not supported. As such, the request is not medically necessary.

Acupuncture for the cervical spine QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture therapy for the cervical spine is not supported. The California Acupuncture Therapy Guidelines state that acupuncture is used as an adjunct treatment when medications are being reduced or not tolerated and as an adjunct to physical rehabilitation and/or surgical intervention. The documentation provided does not indicate that the injured worker is intolerant to her medications or that they are being reduced. Also, she was not noted to be attending physical therapy and she was not noted to be postoperative. Therefore, the request is not supported. As such, the request is not medically necessary.

Transportation to doctor visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, transportation.

Decision rationale: The Official Disability Guidelines state that transportation is recommended for medically necessary transfer of patient to appointments in the same community for those with disabilities preventing them from self transport. The documentation provided does not indicate that the injured worker was incapable of self transport or that she was incapable of using other means of transportation such as public transportation. Without a clear rationale for the medical necessity of this request, the request would not be supported. As such, the request is not medically necessary.

Random toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the use of random urine toxicology screening is indicated for those who are taking narcotic medications that are at high risk for noncompliance or for those who display aberrant drug taking behaviors or signs of abuse/addiction. The documentation provided does not indicate that the injured worker showed signs of abuse or addiction or that she was at high risk for misusing her medications to support the medical necessity of this request. Also, the number of urine toxicology screens being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.