MAXIMUS Federal Services

Case Number:	CM15-0093954		
Date Assigned:	05/20/2015	Date of Injury:	06/02/2011
Decision Date:	07/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/15/2015

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: Florida
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:

The injured worker is a 57 year old male who sustained an industrial injury on 06/02/11. Initial complaints and diagnoses are not available. Treatments to date include 2 right shoulder surgeries. Diagnostic studies are not addressed. In a progress note dated 03/25/15 the treating provider reports the plan of care as medications including tramadol and Fluribiprofen/lidocaine/ amitriptyline, a urine drug screen, extracorporeal shock wave treatments to the right shoulder, acupuncture, and a Functional Capacity Evaluation. The requested treatments include Fluribiprofen/lidocaine/amitriptyline, a urine drug screen, extracorporeal shock wave treatments to the right shoulder, acupuncture, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECSWT right shoulder (1x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice guidelines Page(s): 29.

Decision rationale: MTUS guidelines support extracorporeal shock wave therapy for calcific rotator cuff tendinitis. However, there is no documentation that this patient has this condition. The rationale for how this therapy will benefit this patient's shoulder condition is not provided. In general, shock wave therapy efficacy is only established for certain shoulder conditions, none of which are specifically documented in this patient's case. Likewise, this request is not considered medically necessary.

Urine toxicology DOS 3/25/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

Decision rationale: The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient is taking Tramadol, which is an opiate pain medication with abuse potential. Screening is not inappropriate. Therefore, this request for drug testing is considered medically necessary.

Physioal performance - FCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Preplacement and periodic examinations Page(s): 11-12.

Decision rationale: Functional Capacity Evaluations are recommended if a patient is ready to return to full duty work, but there is conflicting evidence on readiness, or prior to admission to a work hardening program. California MTUS guidelines state, at present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. MTUS guidelines do not fully support functional capacity evaluations. Also, this patient has already returned to work with restrictions, but appears to be doing well. Likewise, this request for a Functional Capacity Evaluation is not medically necessary.

Acupuncture evaluation and treatment right shoulder 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-11.

Decision rationale: In accordance with California MTUS Acupuncture guidelines (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). Section 9792.20 e and f are defined as follows, (e) Evidence-based means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE.(f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Regarding this patient's case, a total of 12 acupuncture sessions (2/week x 6 weeks) have been requested. Documentation notes that the patient has had prior acupuncture therapy, however the results of those sessions (decreased pain, improved function, etc.) are not discussed. Likewise, this request is not considered medically necessary.

Flurb (NAP) CREAM - LA (Flurbiprofen 20% Lidocaine 5% Amitriptyline 5%) 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Flurbiprofen, which is an NSAID medication. MTUS guidelines specifically state regarding topical Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Likewise, the requested medication is not medically necessary.