MAXIMUS Federal Services

Case Number:	CM13-0023014		
Date Assigned:	11/15/2013	Date of Injury:	12/13/2012
Decision Date:	02/03/2014	UR Denial Date:	08/10/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who was injured in a work related accident of 12/13/12. Clinical records reviewed include an assessment of [redacted] of 08/22/13 indicating ongoing complaints of left shoulder pain, bilateral wrist pain, right elbow pain, neck pain, "aggravated hypertension", and right shoulder pain. Physical examination findings at that date demonstrated bilateral shoulder tenderness to palpation with restricted range of motion and tenderness over the AC joints and rotator cuff musculature. The right elbow is with point tenderness over the lateral epicondyle with proximal extensor forearm musculature with full motion. The bilateral wrists were noted to be with positive Tinel's and Phalen's testing. An examination of the cervical spine showed restricted range of motion with tenderness over the paraspinous musculature. Neurologic examination showed equal and symmetric reflexes, normal sensation with the exception of the median nerve distribution, which was diminished. The claimant's diagnosis was that of cervical and trapezial strain with bilateral wrist carpal tunnel syndrome, lateral epicondylitis on the right and left shoulder sprain with tendinosis. The plan at that time was for a course of formal physical therapy for the claimant's cervical spine, right elbow, and right shoulder, as well as a request for an ortho stim four unit with a glove attachment, an internal medicine consultation regarding the claimant's hypertension, a right elbow epicondylar strap, and medications in the form of Norco, Voltaren, Fexmid, Neurontin, and a urine drug screen. Prior testing for review included electrodiagnostic studies to the upper extremities that showed bilateral mild carpal tunnel syndrome and no other positive findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim4 with glove attachment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, Neuromuscular electrical stimulation (NMES devices), Inferential Current Stimulation (ICS).

Decision rationale: Based on California MTUS Guidelines, an ortho stim four unit with a glove attachment is not supported. Guideline criteria would not recommend the role of an ortho stim four unit, which is a combination therapy device containing neuromuscular electrical stimulation and interferential stimulation. While interferential stimulation is recommended as a secondary therapeutic modality, the role of neuromuscular electrical stimulation is "not recommended. Use is primarily a part of rehabilitative program following stroke with no evidence to support its use in chronic pain". Given the above, the role of the above device would not be indicated.

Internal Medicine consultation regarding aggravated hypertension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, internal medicine consultation regarding hypertension would not be supported. Records in this case do not indicate recent blood pressure results, nor do they indicate that the hypertension is work related or supported by the mechanism of injury in this case dating back to December of 2012. The absence of the above would fail to necessitate the role of this consultation.

Right elbow epicondylar strap: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Brace/bands is Recommended for Acute, Sub-Acute and Chronic Lateral Epicondylalgia (Insufficient Evidence (I)) Tennis Elbow Bands, Braces or Epicondylitis Straps are low cost

Decision rationale: Based on California ACOEM Guidelines and Official Disability Guidelines criteria, the role of an epicondylar strap would appear necessary. Guidelines do support the role

of epicondylar elbow strapping for the diagnosis of lateral epicondylitis. The claimant's clinical records do indicate positive findings of tenderness of the lateral epicondyle supportive of the above diagnosis. The request for the above would be appear to be medically necessary at present.

Norco 2.5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of short acting narcotic analgesics in this case in the form of Norco would be supported. The claimant is with multiple underlying current conditions for which the role of this medication appears to be beneficial in terms of improving overall day to day function. This specific request would appear medically necessary.

Neurontin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (NeurontinÂ®, Gabaroneâ¿¢, generic available.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Gabapentin would also be supported. Gabapentin is now considered first line treatment for neuropathic pain. Given the claimant's underlying diagnosis of neuropathic issues regarding the cervical spine as well as diagnosis of carpal tunnel syndrome, the continued role of this agent would appear to be medically warranted.

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)..

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of muscle relaxants in this case would not be indicated. The support of Fexmid would not be supported. Guideline criteria does not indicate the chronic or long term use of muscle relaxants and reserves are used for acute exacerbation in the chronic pain setting.

Based on the lack of documentation of acute exacerbation and the long term use of the agent, its continued role would not be supported.

Voltaren XR 100mg: Overturned

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Voltaren would be supported. Guidelines criteria indicates the lowest amount possible in terms of dosing when utilizing antiinflammatory agents. Given the claimant's multiple underlying orthopedic inflammatory issues including the shoulder, elbow, neck and wrist, the continued role of this agent for day to day symptomatic relief would appear to be medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG, Pain Chapter, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a urine drug screen would not be indicated. Urine drug screens are indicated to define serious substance misuse in a multiple disciplinary pain management program. Current clinical records do not support current misuse of medication, nor do they indicate the long term use of the agents in question. The specific role of a urine drug screen would not be supported at present.