

<b>Case Number:</b>	CM13-0023848		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 [REDACTED] employee who has filed a claim for neck, low back, and bilateral wrist pain associated with an industrial injury of June 15, 2005. Thus far, the patient has been treated with surgery to the right wrist in 2008 and 2009 and to the left in 2010 with residual numbness in the median nerve distribution on the right, wrist splints, injections, physical therapy with transition to home exercise program, chiropractic therapy, TENS, cervical collar, cervical pillow, hot and cold wraps, and ergonomic workstation adjustments. Medications include opioid and non-opioid analgesics, topical analgesics, muscle relaxants, Gabapentin, Omeprazole, and a stool softener. The patient is able to continue working. Her condition remains permanent and stationary. Lumbar MRI performed December 28, 2012 showed degenerative changes and disc protrusions at T11-12 and L5-S1 levels. As per progress notes review, cervical MRI performed on December 2011 showed degenerative disc changes with mild annular bulge at C5-6 and C6-7. Nerve studies show residual carpal tunnel syndrome on the right. Patient also experiences weight gain, depression, sleep problems, and sexual dysfunction as a result of the injury. Patient exhibits tenderness along both lateral epicondyles, both wrists with positive Tinel's, cervical spine, lumbar spine, and shoulders with limited abduction. In a utilization review report of September 05, 2013 the claims administrator denied requests for a functional restoration program as there has been no attempt to wean patient from opioid medications and requests for other treatment modalities were present; for pain management consultation as there is no evidence of radiculopathy to support interventional management procedures and the reason for consultation is unclear, and Prilosec 20mg #60 as there is no documentation of GI symptoms. Request for 20 physical therapy sessions to the lumbar spine, wrists, and upper extremities were modified to 4 sessions for reinforcement of a home exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **A FUNCTIONAL RESTORATION PROGRAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs may be considered after an adequate and thorough multidisciplinary evaluation has been made as well as all conservative treatment options have been exhausted and the patient is not a surgical candidate. In this case, the patient is still able to continue working without excessive dependence on others or physical deconditioning that meets criteria to support an FRP. There is also no formal psychological evaluation for the patient's depressive symptoms. Also, the patient has been authorized for physical therapy sessions with transition to a home exercise program, and there is no documentation regarding modification or weaning of opioid medications. Therefore, the request for functional restoration program is not medically necessary and appropriate.

### **A PAIN MANAGEMENT CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127,156.

**Decision rationale:** The California MTUS/ACOEM Independent Medical Examinations and Consultations chapter, state that occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, review of progress notes in 2013 did not show progression of symptoms or evidence of radiculopathy to warrant further consultation or interventional procedures. Therefore, the request for pain management consultation is not medically necessary and appropriate.

### **PRILOSEC 20MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, MTUS support proton pump inhibitors in the treatment of patients with GI disorders associated with NSAID use. In this case, Prilosec has been prescribed at a regimen of 20mg twice a day since March 21, 2012 as per progress notes. There has been no documentation of any adverse gastrointestinal symptoms resulting from the patient's medications that would support continued intake of this medication. Therefore, the request for Prilosec 20mg #60 is not medically necessary and appropriate.

**PHYSICAL THERAPY x 20 VISITS TO TREAT THE LUMBAR SPINE, BILATERAL WRISTS, AND UPPER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114; 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, previous request for 20 sessions of physical therapy has been modified to 4 sessions for transition to a home exercise program. There have also been previous physical therapy sessions in 2011, but no documentation regarding the date and amount of completed sessions or functional improvements derived. There is also no documentation regarding transition to a home exercise program. Therefore, the request for physical therapy 20 physical therapy visits to treat the lumbar spine, bilateral wrists, and upper extremities is not medically necessary and appropriate.