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| Case Number: | CM13-0024248 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 10/31/2007 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 Family Medicine and is licensed to practice in Arizona. 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 54-year-old female with a date of injury on 10/31/2007. The diagnoses include cervical disc injury with facet arthralgia, status post rotator cuff repair, and left forearm mass with dysesthesias. The subjective complaints are bilateral shoulder and elbow pain. Physical exam reveals bilateral shoulder tenderness over the glenohumeral joint. Positive Crank's sign, Speed's sign, and open can sign. There is tenderness and spasm over the cervical spine at C4-6 left greater than right, with decreased range of motion. There is edema and tenderness over the left volar wrist and a positive left Tinel's, Phalen's, and reverse Phalen's sign. The medications include fentanyl 12 mcg patches, Norco 10mg twice a day, tramadol, and Zanaflex. MRI (magnetic resonance imaging) of cervical spine shows degenerative disease with no evidence of herniation, spinal or foraminal stenosis. The documentation shows that utilization review authorized a JOBST stocking on 5/17/13. The submitted documentation shows that medications provide pain relief, increased ability to function, ongoing efficacy, and no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

JOBST GLOVE FOREARM AND ELBOWSTOCKING WITH 20 AND 30MM MERCURY PRESSURE: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) do not specifically address JOBST gloves and stockings. The ODG does support the use of durable medical equipment when medically necessary. For this patient with forearm/wrist swelling, a compression device may be helpful. However, the submitted records indicate that this medical device was previously certified on 5/17/14. There is no submitted evidence that indicates why this item is being re-requested. Therefore, the medical necessity of JOBST gloves and stockings is not established at this time. As such, the request is not certified.

FENTANYL 12MCG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, the documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, the documentation is present of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

NORCO 10MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, the documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, the documentation is present of MTUS opioid compliance guidelines, including risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.