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| Case Number: | CM13-0026970 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 05/01/2010 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 Occupational Medicine 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 applicant has filed a claim for chronic wrist pain, psychological stress, and depression reportedly associated with an industrial injury of May 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy and cognitive behavioral therapy; and extensive periods of time off of work. A September 6, 2013 neurology note is notable for comments that the applicant is a represented former laborer. He reports jaw pain, facial numbness, and somewhat altered taste. The applicant drove himself to the evaluation. He is seeing a pain management physician, psychologist, and a dentist. He is pending a tooth implantation. He does appear anxious and depressed. A 5/5 motor strength is noted about the upper extremities despite dysesthesias appreciated about the face. The applicant is asked to employ a low-dose of Neurontin. He remains off of work, on total temporary disability. An earlier note of August 29, 2013 is notable for comments that the applicant has had a four-week course of cognitive skills training. It is suggested that the applicant has made some improvement in terms of problem solving and planning. The attending provider states that he would like to employ Flexeril for TMJ syndrome. The applicant is still having nightmares. He is asked to increase his dosage of Zoloft. His medication list apparently includes Norco, Elavil, Xanax, Zoloft, Colace, and Zantac. The applicant has tried multiple other psychotropic medications. The TENS unit is again sought, as are additional cognitive skills retraining.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one month trial of a TENS unit for the left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): s 116, 3.

Decision rationale: As noted on Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the usage of TENS include evidence of chronic intractable pain of greater than three months' duration in those individuals who have tried and failed other appropriate pain modalities, including pain medications. In this case, the applicant has, indeed, tried and failed numerous other analgesic and adjuvant medications. Given the failure of the same as evidenced by the applicant's failure to return to any form of work, a one-month trial of a TENS unit is indicated. It is noted that the claims administrator apparently denied the TENS unit on the grounds that the applicant did not have any neuropathic pain for which a TENS unit would be indicated. However, as noted on Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, all chronic pain conditions are thought to have some central neuropathic etiology. Therefore, the request is certified.

Cognitive skills training (10hrs/week for 8 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: In this case, the applicant has had prior psychological treatments, including psychotherapy, psychotropic medications, etc., all of which have been unsuccessful. As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, if an applicant exhibits chronic dissatisfaction and/or fails to improve with other psychotropic modalities or psychotropic medications, referral for vocational counseling may be appropriate. In this case, given the failure of numerous other treatments, addition of vocational intervention/ retraining intervention may be helpful and needed to facilitate return to productive work, as suggested in the MTUS-adopted ACOEM Guidelines in Chapter 5. These vocational interventions are particularly appropriate given the heavy nature of the applicant's former occupation, as suggested by the MTUS-adopted ACOEM Guidelines in chapter 5. The request is certified.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.