

Case Number:	CM13-0042425		
Date Assigned:	12/27/2013	Date of Injury:	08/28/2009
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, elbow pain, and carpal tunnel syndrome reportedly associated with an industrial injury of August 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and extensive periods of time off of work. In a December 11, 2013 progress note, the applicant is described as having ongoing issues with anxiety and depression. The applicant apparently had a sleep study done in November 15, 2013 which demonstrated mild obstructive sleep apnea. A CPAP machine has been initiated. Elbow epicondylar tenderness is noted. The applicant is described as carrying diagnoses of neck pain, shoulder pain, carpal tunnel syndrome, lateral epicondylitis, and anxiety disorder/psychological stress. Ketoprofen, Prilosec, Norco, and CPAP machine are endorsed while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography/sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia associated with psychological disorders. In this case, the applicant does have insomnia associated with psychological disorders. While the treating provider has interpreted the sleep study in question as demonstrating mild obstructive sleep apnea, this is not necessarily pathological and should be viewed with some skepticism and/or consider false positive, in light of the applicant's ongoing mental health issues with anxiety and depression. The presence of comorbid mental health issues does call into question the accuracy of the sleep study already performed and should have given the attending provider pause before pursuing said sleep study. Accordingly, the request is retrospectively not certified, on Independent Medical Review.

KETOPROFEN 75 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22..

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatory medications such as oral ketoprofen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic neck and low back pain reportedly present here, in this case, however, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. There is no evidence of progressively diminishing work restrictions or any evidence of diminished reliance or dependence on medical treatment. Rather, the applicant appears ever more dependent on medications and medical treatment. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of ketoprofen. Therefore, the request is not certified.

HYDROCODONE 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Hydrocodone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include

evidence of successful return to work, improved functioning, and reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant has failed to demonstrate any clear improvement in function despite ongoing medication usage. There is no evidence of appropriate analgesia achieved despite ongoing opioid therapy with hydrocodone. Accordingly, the request is not certified, on Independent Medical Review.

MEDROX PAIN RELIEF OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Topical analgesics.

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

Decision rationale: Medrox is a topical compound. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical compounds such as Medrox. It is further noted that the applicant has used Medrox for some time, including as early as September 2013. There has been no demonstration of functional improvement with ongoing Medrox usage. The applicant remains off of work. The applicant remains highly reliant on various medications, both oral and topical, chiropractic manipulative therapy, psychological consultation, and other forms of medical treatment. Accordingly, the request for Medrox is not certified both owing to the unfavorable MTUS recommendation on topical analgesics as well as owing to the applicant's unfavorable response to ongoing usage of the same.