

Case Number:	CM13-0042886		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2012
Decision Date:	03/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 02/02/2012. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include bilateral shoulder impingement syndrome, status post left shoulder arthroscopy; bilateral carpal tunnel syndrome; and De Quervain's tenosynovitis. Most recent clinical note dated 11/04/2013 revealed the patient continued to complain of worsening bilateral hand, shoulder, and bilateral lower extremity pain. The patient states she is unable to sleep at night secondary to her pain. She has completed a course of 12 sessions of chiropractic care which she states helped temporarily. Objective findings upon physical examination revealed anterior shoulders were tender to palpation. Range of motion was reduced on flexion and abduction by 20% and impingement signs were positive on the left. Grip strength to bilateral hands was reduced. Sensation was reduced in bilateral median nerve distribution, and Tinel's sign and Phalen's test were positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Chiropractic treatment 3 times a week for 4 weeks to back, shoulders, bilateral upper extremities, & neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-59. Page(s): 58-59.

Decision rationale: Per California MTUS Guidelines it is stated if there is evidence of objective functional improvement documented in the medical record, additional chiropractic treatment could be approved for up to 18 visits over 6 to 8 weeks. However, there is no clinical documentation provided in the medical record of any objective findings of the patient's functional improvement, or decrease in the patient's discomfort. Therefore, the medical necessity for any further chiropractic treatment cannot be determined at this time. The request for Chiropractic treatment 3 times a week for 4 weeks to back, shoulders, bilateral upper extremities, & neck is non-certified

Decision for Ketoprofen 75mg #60: Upheld

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

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

Decision rationale: Per California MTUS Guidelines it is stated NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. It is stated that acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those patients with gastrointestinal, renovascular, or cardiovascular risk factors. As there is documentation provided in the medical record that the patient was seeing a gastroenterologist, there is no documentation provided in the medical record suggesting why the requested medication was needed. There is no documentation provided in the medical record that the patient has previously attempted the use of acetaminophen for her discomfort. The patient is at risk for gastrointestinal injuries, and it is stated in California MTUS Guidelines that NSAIDS are recommended for the shortest period of time and not long term, the medical necessity for continued use of the requested medication cannot be determined at this time, and the request for Ketoprofen 75 mg 60 tablets is non-certified.

Decision for Hydrocodone (Norco 5/325mg #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78. Page(s): 78.

Decision rationale: Per California MTUS Guidelines, it is stated with the use of opioids for ongoing pain management there must be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is no documentation provided in the medical record of any clinical review of the patient's functional status, appropriate medication use, and/or side effects to any medication. There is also no

documentation of the patient's pain levels on a VAS, and no pain assessments provided. Therefore, the medical necessity for continued use of the requested medication cannot be determined at this time. As such, the request for Hydrocodone Norco 5/325 thirty tablets is non-certified.

Decision for Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-65. Page(s): 63-65.

Decision rationale: Per California MTUS Guidelines, it is stated that muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDS and pain and overall improvement. As the patient has been taking the requested medication for a significant amount of time with continued complaints of pain and discomfort, the medical necessity for continuation of the medication cannot be determined and the request for Orphenadrine ER 100 mg 60 tablets is non-certified.

Decision for Medrox pain relief ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113. Page(s): 111-113.

Decision rationale: Per California MTUS Guidelines, it is stated that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As there is no documentation provided in the medical record suggesting that the patient has had any failed attempts at the use of antidepressants or anticonvulsants for the use of her pain, the medical necessity for the requested cannot be determined at this time and the request for Medrox pain relief ointment is non-certified.