

Case Number:	CM13-0046002		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2011
Decision Date:	03/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice 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 patient is a 52-year-old male who reported an injury on 09/22/2011. The mechanism of injury is not specifically stated. The patient is diagnosed with right wrist fracture, right traumatic injury neuropathy, and status post right wrist surgery. The patient was seen by [REDACTED] on 11/04/2013. The patient reported worsening right hand pain. Physical examination revealed a well-healed incision and restricted range of motion. Treatment recommendations included an H-wave stimulator unit for home use, continuation of current medications, and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 3 times 4 to the right hand and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability

Guidelines state physical therapy treatment for sprains and strains of the wrist and hand and pain in a joint includes 9 visits over 8 weeks. As per the documentation submitted, the patient has previously participated in a course of physical therapy. However, documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for 12 sessions of hand therapy exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

H-wave for home use:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on H Wave Stimulation(HWT) Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on H Wave Stimulation(HWT) Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidenced based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment including medication, physical therapy, and TENS therapy. There is no evidence of any functional deficit or a clear rationale as to how this unit would alter the patient's treatment. The medical necessity has not been established. Therefore, the request is non-certified.

Carisoprodol 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on Anti-spasmodic and Anti-Spasticity medications, Muscle Relaxants, and Weaning off M.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patient with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Hydrocodone #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

Ketoprofen 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination reveals no significant changes that would indicate functional improvement. Additionally, California MTUS Guidelines state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received, the request is non-certified.

Medrox pain relief ointment: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of neuropathic pain upon physical examination. Additionally, there is no

evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.