

Case Number:	CM13-0053117		
Date Assigned:	02/26/2014	Date of Injury:	12/09/2009
Decision Date:	04/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	11/18/2013

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:

According to the records made available for review, this is a 55-year-old female with a 12/9/09 date of injury. At the time (6/26/13) of request for authorization for purchase of an H-wave and continuing the current medication regimen, including Oxycodone, Dilaudid, and Gabapentin, there is documentation of subjective (pain in the left shoulder radiating to the left arm and wrist/hand associated with severe numbness and weakness) and objective (tenderness to palpation of the left shoulder, decreased left shoulder range of motion, and extremely limited range of motion of the digits) findings, current diagnoses (cervical radiculitis and status post left humerus fracture), and treatment to date (revision of humerus fracture in 2012, wrist braces, physical therapy, and Oxycodone, Dilaudid and Gabapentin since at least 11/7/12). Regarding the requested purchase of an H-wave, there is no documentation of chronic soft tissue inflammation and the H-wave will be used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care (medications), plus transcutaneous electrical nerve stimulation (TENS). Regarding the requested continuing the current medication regimen, including Oxycodone and Dilaudid, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Oxycodone and Dilaudid. Regarding the requested continuing the current medication regimen, including Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN H-WAVE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one-month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis and status post left humerus fracture. In addition, there is documentation of failure of conservative care (physical therapy). However, despite documentation of subjective (pain in the left shoulder radiating to the left arm and wrist/hand associated with severe numbness and weakness) and objective (tenderness to palpation of the left shoulder, decreased left shoulder range of motion, and extremely limited range of motion of the digits) findings, there is no (clear) documentation of chronic soft tissue inflammation. In addition, there is no documentation that the H-wave will be used as an adjunct to a program of evidence-based functional restoration. Furthermore, given documentation of the associated request for medications, there is no documentation of failure of additional conservative care (medications), plus transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for purchase of an H-wave is not medically necessary.

CONTINUING THE CURRENT MEDICATION REGIMEN, INCLUDING OXYCODONE, DILAUDID, AND GABAPENTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80, 92, 18-19..

Decision rationale: Regarding Oxycodone, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical

necessity of Oxycodone. Regarding Oxycodone and Dilaudid, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone and Dilaudid. Regarding Gabapentin, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis and status post left humerus fracture. Regarding Oxycodone, there is documentation of moderate to severe pain. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, regarding Oxycodone and Dilaudid, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Oxycodone and Dilaudid since at least 11/7/12, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Oxycodone and Dilaudid. Regarding Gabapentin, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin since at least 11/7/12, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Gabapentin. Therefore, based on guidelines and a review of the evidence, the request for continuing the current medication regimen, including Oxycodone, Dilaudid, and Gabapentin is not medically necessary.