

Case Number:	CM13-0057681		
Date Assigned:	12/30/2013	Date of Injury:	08/31/2006
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 71-year-old female who reported an injury on 05/30/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with osteoarthritis. The patient was seen by [REDACTED] on 09/27/2013. The patient reported pain in bilateral wrists. Physical examination revealed mild tenderness to palpation. Treatment recommendations included continuation of current medication, a follow-up with [REDACTED] for re-evaluation and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines states acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The frequency and duration of treatment was also not

specified in the request. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Re-evaluation with [REDACTED] (Rheumatology): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there was no indication of a significant musculoskeletal or neurological deficit upon physical examination. There is also no indication of an exhaustion of conservative treatment prior to the request for a specialty referral. The medical necessity has not been established. Therefore, the request is non-certified

Urine Toxicology test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. The patient's injury was greater than 6 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls in a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

Prescription of Colace: 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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain

Decision rationale: California MTUS Guidelines prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no evidence of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment. Based on the clinical information received, the request is non-certified.

Anaprox: 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommend for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient's physical examination only revealed mild tenderness to palpation. There was no evidence of a failure to respond to first line treatment with acetaminophen as recommended by California MTUS Guidelines. Guidelines further state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Flurbiprofen Topical Compound cream: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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 per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. There was no indication of a failure to respond to first line oral medication. Additionally, the only FDA approved topical NSAID is diclofenac. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.