

Case Number:	CM13-0059557		
Date Assigned:	01/08/2014	Date of Injury:	04/01/2006
Decision Date:	04/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 bilateral hand and elbow pain reportedly associated with an industrial injury of April 1, 2006. Thus far, the applicant has been treated with Analgesic medications; electrodiagnostic testing of the upper extremities of August 27, 2012, interpreted as normal; and the apparent imposition of permanent work restrictions. In a progress note of November 27, 2013, the applicant is described as reporting persistent pain and paresthesias about the upper extremities. He has been doing home exercises. His pain is persistent. A well-healed surgical incision line is noted about the left elbow with positive Tinel sign noted at the right elbow. The applicant is given diagnosis of ulnar neuropathy and carpal tunnel syndrome, bilateral. Norco, Valium, Prozac, and Lidoderm are endorsed. The applicant is permanent and stationary, it is stated. An earlier note of October 22, 2013 does note that the applicant carries a diagnosis of depression, in addition to issues with ulnar neuropathy and carpal tunnel syndrome of the upper bilateral hands. Prozac was apparently introduced at that point in time. Norco and Valium were also renewed at that point as well. The applicant was asked to consult a neurosurgeon to consider a surgical remedy for his ulnar and median neuropathy issues. Earlier progress notes interspersed throughout 2013 were notable for comments that the applicant was using other antidepressants, including Celexa and Lexapro, for depression. In a Utilization Review Report of November 7, 2013, the claims administrator apparently denied request for neurology consultation, Norco, Valium, and Prozac. The claims administrator apparently predicated denial on the fact that the attending provider had not documented the applicant's previous response to the medications in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

A NEURO CONSULT FOR THE LEFT ELBOW: Overturned

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): 1.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative treatment, should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has persistent signs and symptoms of upper extremity pain and paresthesias, reportedly attributed to carpal tunnel syndrome and/or cubital tunnel syndrome. Obtaining the added expertise of a neurosurgeon to determine what (if any) surgical options should be afforded to the applicant is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

NORCO: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the applicant has been on Norco chronically and has failed to achieve the requisite parameters to continue the same. The applicant has seemingly failed to return to work. There is no evidence of appropriate reduction in pain scores and/or improved ability to perform non-work activities of daily living as a result of ongoing Norco usage. Accordingly, the request remains not certified, on Independent Medical Review.

VALIUM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: In this case, the applicant is having ongoing issues with depression and anxiety. However, as noted in the MTUS-adopted ACOEM Guidelines, anxiolytics such as Valium are "not recommended" as first-line therapy for stress related conditions. While anxiolytics such as Valium may be appropriate for brief periods in cases of overwhelming symptoms, in this case, however, the applicant has been using Valium chronically. Ongoing, protracted, and/or sustained usage of the same is not indicated or appropriate. Therefore, the request is not certified, on Independent Medical Review.

PROZAC: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: Prozac is a relatively new introduction. It was introduced in October 2013, one month before the utilization review decision. The applicant is suffering from ongoing issues with depression and depressive symptoms. As noted in the MTUS-adopted ACOEM Guidelines antidepressants take "weeks" to exert their maximal effect. The utilization review decision denying Prozac on the grounds that it was not efficacious or premature as there was not sufficient time to allow for an adequate trial of Prozac as of the date of the Utilization Review Report. It is further noted that the applicant has tried and failed other antidepressants, including Celexa and Lexapro, before Prozac was employed. For all of the stated reasons, the request is certified, on Independent Medical Review.