

Case Number:	CM13-0061547		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2009
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 chronic pain syndrome, chronic wrist pain, carpal tunnel syndrome, and depression reportedly associated with an industrial injury of July 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; adjuvant medications; prior wrist tenosynovectomy surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 20, 2013, the claims administrator approved request for Neurontin, partially certified request for Norco, and denied request for Terocin, pain coping skill classes, and a functional capacity evaluation. The applicant's attorney subsequently appealed. In a progress note of October 15, 2013, the applicant presents with persistent pain, 3/10 with medications. The applicant states that he is actively pursuing work. He was hired for a position but states that the job was canceled before he could begin the same. He is attending job interviews, it is stated. He reiterates that the medications are working well. He is on Voltaren, Norco, and Neurontin, it is stated. The applicant is obese with a BMI of 33. He exhibits swelling and limited range of motion about the wrist with 5-/5 to 5/5 upper extremity strength appreciated. There is some hyposensorium about the right hand versus the left hand. Medications are refilled, along with a rather proscriptive 10-pound lifting limitation. The applicant reiterates that his pain level dropped from 7-8/10 to 4/10 with Norco usage and further states that Neurontin is ameliorating his neuropathic pain. The applicant is asked to attend pain skills coping class and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL TERONCIN LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The Expert Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatments Guidelines "largely experimental." The applicant is apparently using Norco and Neurontin, oral pharmaceuticals, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the Terocin lotion. Therefore, the request is not certified, on Independent Medical Review.

NORCO 10/325 #120: Overturned

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

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

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, while the applicant has not returned to work, he is apparently intent on doing so. He is trying to find alternative employment. He reports that his pain scores dropped from 7-8/10 to 4/10 with medications and further states that his ability to perform activities of daily living is improved as a result of ongoing Norco usage. Continuing the same, on balance, is indicated and appropriate. Therefore, the original review decision is overturned. The request is certified, on Independent Medical Review.

VERSABASE CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The Expert Reviewer's decision rationale: The ingredients in the cream in question have not been clearly stated. VersaBase appears to represent some form of topical compound. As noted previously, however, the MTUS Guideline in ACOEM Chapter 3, page 47

deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant is using at least two oral pharmaceuticals, Norco and Neurontin, to good effect, effectively obviating the need for topical agents such as VersaBase which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental."

12 SESSIONS OF PAIN SKILLS COPING CLASS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91; 394, 398-399.

Decision rationale: The Expert Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, talking with a friend or counselor can help an applicant create a stable life balance which is better suited for coping with demanding stimuli. ACOEM Chapter 15, page 399 further states that applicants can be educated on the adverse effects of maladaptive coping mechanisms. In this case, the applicant has longstanding chronic pain issues superimposed on symptoms and issues with depression. As suggested by ACOEM, teaching the applicant how to cope with the same is indicated and appropriate, as ACOEM further notes in Chapter 5, page 91 that various techniques can be used to enhance coping skills, depending on an applicant's specific needs and skill deficits. In this case, the applicant does have longstanding chronic pain issues, attendant depressive symptoms, issues returning to the workplace/workforce, etc. It does not appear that the applicant has attended these pain skill classes in the past. While, ideally, it might have been better to issue a smaller amount of coping skill classes so as to assess the presence of ongoing functional improvement, partial certifications are not permissible through the Independent Medical Review (IMR) process. On balance, providing the applicant with some pain skill coping classes is better than providing no pain skill coping classes. Therefore, the original utilization review decision is overturned, for all of the stated reasons. The request is certified, on Independent Medical Review.

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation (ACOEM) PRACTICE GUIDELINES, CHAPTER 7, PGS. 137-138

Decision rationale: The Expert Reviewer's decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support functional capacity testing as a precursor to enrolment in a work hardening or work conditioning program, in this case, however, the applicant is apparently not planning on enrolling in either program. The applicant already has permanent restrictions in place. The applicant is attempting to find a job within the

parameters of said permanent work restrictions. It is unclear what role work conditioning would serve here, particularly as the ACOEM Guidelines in Chapter 7, pages 137-138 notes that functional capacity evaluations are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.