

Case Number:	CM13-0063415		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2005
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 elbow and shoulder pain reportedly associated with an industrial injury of June 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of corticosteroid injections; earlier right shoulder arthroscopy in 2006; and the apparent imposition of permanent work restrictions through an agreed medical evaluation. In a utilization review report of December 4, 2013, the claims administrator partially certified Fexmid, partially certified Neurontin, denied an elbow MRI, denied an MR arthrogram, denied elbow extracorporeal shockwave therapy, and denied a shoulder corticosteroid injection. Gabapentin was partially certified for weaning purposes. A short supply of Fexmid was also partially certified for muscle spasm. Acupuncture was denied on the grounds that the applicant had not completed an earlier course of six sessions of treatment which were previously certified in October 2013. The applicant's attorney subsequently appealed. Several internal notes from the claims administrator suggested the applicant has received authorization for a carpal tunnel release surgery. On September 26, 2013, the applicant reported persistent wrist pain with numbness, tingling, and paresthesias about the thumb, index, and middle fingers. The applicant also reported triggering of the thumbs. Authorization was sought for right carpal tunnel release surgery and right trigger thumb release surgery. The applicant was described as working. Six sessions of acupuncture were sought. At least six handwritten acupuncture progress notes interspersed throughout 2013 were noted. On November 14, 2013, the attending provider reported that the applicant's pain scores dropped from 9/10 without medications to 6 to 7/10 with medications, including Neurontin. A carpal tunnel release surgery was apparently still pending.

The attending provider posited that ongoing acupuncture and Neurontin were allowing the applicant to maintain her usual and customary work status. The applicant was given diagnoses of wrist and forearm tendonitis, carpal tunnel syndrome, trigger thumb, right shoulder pain status post shoulder arthroscopy, medial epicondylitis, lateral epicondylitis, and depression secondary to chronic pain. Bracing, acupuncture, and Neurontin were endorsed. The applicant was placed off of work for four days owing to an acute flare of psychiatric and upper extremity complaints and then return to regular work effective November 19, 2013. Extracorporeal shockwave therapy, analgesic medications, MRI of the elbow, and MR arthrography of the shoulder were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ACCUP SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ACUPUNCTURE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, per the attending provider's own report dated November 14, 2013, the applicant had only completed two of six sessions of acupuncture previously authorized. An additional four sessions of acupuncture were pending on the prior prescription for acupuncture. It would have been more appropriate for the applicant to complete the four additional sessions of acupuncture previously authorized before additional treatment was sought as MTUS 9792.24.1 deems the four sessions alone sufficient to produce the needed functional improvement. Therefore, the request for additional acupuncture is not certified, on independent medical review.

FEXMID 7.5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (ACUTE & CHRONIC), CYCLOBENZAPRINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE TOPIC Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Fexmid or cyclobenzaprine to other agents is "not recommended." In this case, the applicant is in fact using several other agents, including Neurontin. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. Accordingly, the request is likewise not certified.

NEUROTINE 600 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN SECTION Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin or Neurontin should be asked at each visit as to whether there has been a change in pain or function as a result of ongoing gabapentin or Neurontin usage. In this case, the applicant is reportedly deriving appropriate analgesia as a result of the same. She did report a drop in pain levels from 9/10 without medications to 6 to 7/10 with medications, including Neurontin. She has achieved and/or maintained regular work status as a result of ongoing Neurontin usage. Continuing the same, on balance, is therefore, indicated and appropriate. Accordingly, the request is certified.

MRI RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW (ACUTE & CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: As noted in the 2007 ACOEM Guidelines elbow complaints chapter, table 4, page 42, MRI imaging for suspected epicondylalgia, the diagnosis reportedly present here, is "recommended against." In this case, the applicant reportedly carries a diagnosis of medial and lateral epicondylitis, per the attending provider. MRI imaging is "recommended again" to further evaluate the same, per ACOEM. It is further noted that the applicant is not intent to pursuing any kind of specific surgical remedy insofar as the injured elbow is concerned, rendering the MRI study in question superfluous. Therefore, the request is not certified, on independent medical review.

MR ARTHROGRAM TO THE INJURED SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER (ACUTE & CHRONIC), MR ARTHROGRAM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: ACOEM Guidelines in Chapter 9, Table 9-6, page 214 state that MRI imaging is "recommended" for preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, in this case, however, there is no indication that the applicant is actively considering or contemplating further shoulder surgery. The attending provider seemingly posited that the applicant is actively contemplating trigger thumb and carpal tunnel release surgery. Since the applicant is not actively considering or contemplating shoulder surgery and since the bulk of the applicant's documented pathology seemingly pertains to the thumb, hand, and wrist, the proposed MR arthrography of the injured shoulder is not certified, on independent medical review.