

Case Number:	CM13-0067662		
Date Assigned:	01/24/2014	Date of Injury:	06/04/2011
Decision Date:	05/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 46 year-old with a reported date of injury of 06/04/2001. The patient's diagnoses include thoracic outlet syndrome, carpal tunnel syndrome and De Quervain's tenosynovitis. Treatment modalities have included oral medication, topical analgesics, surgery, work hardening sessions, acupuncture, home exercise program, injections and physical therapy. The most recent progress note by the primary treating physician dated 01/06/2014 indicates the patient subjectively reports increased pain since prior visit and that activity level has remained the same. Physical exam notes restriction I the range of motion of the left wrist, positive Tinel's sign and tenderness to palpation along the radial side of the wrist. The left hand has a positive Finkelstein's sign. The patient had returned to work part time and that previously completed work hardening sessions had been helpful as evidence by improved grip strength and tolerance for typing.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL SESSIONS OF WORK HARDENING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: In the treatment of chronic pain, the California MTUS states that Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. This patient had reached a physical therapy plateau in terms of improvement and subjectively shown improvement in function in grip strength and typing tolerance after work hardening sessions. However, there is no documentation of a job analysis that indicates the current job is in a medium or higher demand level of an FCE showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. The patient is also greater than 2 years out from the date of injury. There is no documentation of an ongoing significant issue or limitation in work related tasks. Therefore, the additional work hardening is not medically necessary or appropriate.

KETOPROFEN 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option for chronic pain. However, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Topical non-steroidal anti-inflammatory agents (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). This patient has used the medication for longer than the recommended short term use. In addition, in the most recent progress notes by the primary treating physician the patient subjectively reports increasing pain from prior visits. Therefore, continued use of the medication is not medically necessary or appropriate per the Chronic Pain Medical Treatment Guidelines.

AMBIEN: 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)-TWC and Mosby's Drug Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: The Official Disability Guidelines state that Zolpidem (Ambien) should be used only for a short term period and is not indicated for long term use. This patient has been using the Zolpidem for longer than the recommended period per the ODG. Therefore, the requested Ambien is not medically necessary or appropriate.