

Case Number:	CM13-0069222		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2010
Decision Date:	04/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 patient is a 57-year-old female who reported an injury on 02/01/2010. The mechanism of injury involved repetitive work activity. The patient is diagnosed with a nose fracture, probable post-traumatic anxiety, and bilateral carpal tunnel syndrome, displacement of cervical disc, probable post-traumatic insomnia, postoperative nasal surgery, probable post-traumatic headaches, and probable post-traumatic aggravation of diabetes. A Request for Authorization was submitted by [REDACTED] in 11/2013 for work conditioning, myofascial release, EMS/TENS therapy, and prescriptions for Anaprox, Prilosec, tramadol, and Norco. However, the latest physician progress report submitted by [REDACTED] is documented on 09/12/2013. The patient reported persistent pain to the neck, bilateral wrists, headaches, anxiety, and depression. Physical examination on that date revealed cervical tenderness, hypertonicity, tenderness to palpation of bilateral AC joints, tenderness in the radiohumeral joint bilaterally, myofascial trigger points in the elbow, and tenderness to the ulnar humeral joint bilaterally. Treatment recommendations at that time included electro acupuncture, as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR WORK CONDITIONING QUANTITY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: California MTUS Guidelines state work conditioning is recommended as an option, depending on the availability of quality programs. There should be documentation of an adequate trial of physical or occupational therapy with improvement followed by a plateau. There should also be documentation of a Functional Capacity Evaluation. As per the documentation submitted, there is no evidence of an adequate trial of physical therapy with improvement followed by a plateau. The patient has not completed a Functional Capacity Evaluation. There is also no evidence of a documented specific job to return to with job demands that exceed abilities or documented on-the-job training. Based on the clinical information received, the patient does not appear to meet criteria for the requested service. Therefore, the request is non-certified.

DECISION FOR MYOFASCIAL RELEASE QUANTITY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: California MTUS Guidelines state massage therapy is recommended as an option, and should be an adjunct to other recommended treatment. Massage therapy should be limited to 4 to 6 visits in most cases. As per the documentation submitted, the patient has previously participated in myofascial release. Documentation of objective functional improvement was not provided. Additionally, there was no physician progress report submitted on the requesting date. Therefore, there is no evidence of an updated physical examination. Based on the clinical information received, the request is non-certified.

DECISION FOR EMS/TENS (TRANSCUTANEOUS ELECTROTHERAPY) QUANTITY 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no indication that this patient has failed to respond to appropriate pain modalities. There is also no evidence of a successful 1 month trial period prior to the request for a purchase. There is also no evidence of a treatment plan with the specific short and long-term goals of treatment with the

unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

DECISION FOR ANAPROX 550 MG QUANTITY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, the patient has utilized Anaprox since 08/2013. Despite ongoing use of this medication, the patient continues to report high levels of pain. There is no evidence of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

DECISION FOR PRILOSEC 20MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not appear to meet criteria for the requested medication. As such, the request is non-certified.

DECISION FOR TRAMADOL 1/50MG QUANTITY 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized tramadol since at least 08/2013. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

DECISION FOR NORCO 10/325MG QUANTITY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, there is no evidence of this patient's active utilization of this medication. It is documented on 08/01/2013 and 09/12/2013, the patient utilizes Vicodin 7.5 mg. Based on the clinical information received, the request is non-certified.