

Case Number:	CM13-0070244		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2011
Decision Date:	07/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 36 year old male correctional officer who slipped and fell on 09/08/2011. He extended his right arm and he fell on his extended right arm. He injured his right wrist and his forearm. His diagnoses include right elbow traumatic synovitis, right elbow contusion, right elbow medial epicondylitis, right elbow lateral epicondylitis, right elbow cubital tunnel syndrome, and right elbow ulnar nerve entrapment. Treatment has included medical therapy which includes Naproxen, Gabapentin, Tramadol, and Tizanidine, on exam of the elbow he lacks a full 2 degrees of extension and flexion is to 120/140 degrees. Pain is elicited with both active supination and pronation. The right wrist palm flexion is 30/60 degrees, dorsiflexion is 25/60 degrees, radial deviation is 10/20 degrees and ulnar deviation is 16/30 degrees. The treating provider has requested TENS unit rental plus supplies for 5 months, Tizandine 4mg #20, Laboratory studies: CBC, Arthritis panel, CPK, C-Reactive protein, and a urine toxicology screen performed on 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental plus supplies for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The requested rental of a TENS unit for a period of five months is not medically necessary . Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licenensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

Tizanidine 4 mg qty:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha-2-adrenergic agent FDA approved for the treatment of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and as adjunct treatment for the treatment of fibromyalgia. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. The claimant has no reported cervical or lumbar spasm on exam . Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Lab-CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: CA MTUS 2009 Guidelines recommend periodic lab monitoring for patients taking long-term NSAIDs to assess for the presence of side effects. It would be appropriate to obtain a Chem 8 and hepatic profile. There is insufficient documentation for the requested CBC. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Lab- Arthritis Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: There is no indication for an arthritis pannel. There is no indication of any rheumatological disorder. The claimant has a chronic pain condition on the basis of his industrial injuries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Lab- CPK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: There is no indication for the requested laboratroy study. there is no evidence of myopathy and no evidence of any systemic inflammation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Lab- C-Reactive Protein: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: There is no indication for the requested laboratroy study. there is no evidence of myopathy and no evidence of any systemic inflammation. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Urine toxicology screen done 12/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: There is no specific indication for the requested urine toxicology screen. Per Chronic Pain Managment Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addicition with opioids as well as compliance and potential misuse of other medications. There is no documentaiton of provider concern over the use of illicit drugs or non-compliance with prescription medications. Medical necessity for the requested item has not been established. The requested item is not medically necessary.