

Case Number:	CM14-0100068		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2011
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 neck, hand, mid back, and wrist pain reportedly associated with an industrial injury of March 15, 2011. Thus far, the applicant has been treated with analgesic medications; attorney representation; topical agents; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 23, 2014, the claims administrator failed to approve a request for six sessions of physical therapy, Voltaren gel, Lidoderm patches, Mineral Ice, and Ultram. In a progress note dated March 20, 2014, the applicant reported persistent complaints of low back pain, neck pain, bilateral thumb pain, and bilateral hand weakness and numbness. The applicant was occasionally dropping objects, it was noted. Operating diagnoses included chronic neck pain, bilateral hand degenerative joint disease, and bilateral carpal tunnel syndrome. The attending provider stated that it was uncertain whether the applicant could ever return to work not. The applicant was placed off of work, on total temporary disability. A functional capacity evaluation, Voltaren gel, Tramadol, Mineral Ice gel, and a rheumatology consultation were sought. There was no discussion of medication efficacy. On January 16, 2014, the applicant was again asked to pursue electrodiagnostic testing, a functional capacity evaluation, Tramadol, Voltaren gel, and Mineral Ice gel. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6, neck / wrists / hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no clear demonstration of functional improvement with earlier treatment. The applicant remains off of work, on total temporary disability, and remains highly reliant and dependent on various oral and topical medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy treatment. It is further noted that the attending provider has failed to outline any clear goals for further therapy, going forward, given the applicant's poor response to earlier treatment. Therefore, the request is not medically necessary.

Voltaren gel 1%, #100 gms w/ refill x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112, 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical application, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. While the applicant does apparently have issues with hand and thumb arthritis, the applicant has been using Voltaren gel for a span of several months, at a minimum. There has been no clear demonstration or discussion of medication efficacy. The applicant remains off of work, on total temporary disability. Ongoing usage of Voltaren gel has failed to curtail the applicant's reliance on oral medications such as Tramadol. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request is not medically necessary.

Lidoderm patch 5% #30 w/refill x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidocaine or Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no clearly trial of antidepressants and/or anticonvulsants which would support provision and/or ongoing usage of Lidoderm patches. As with the other medications, the attending provider has, furthermore, failed to outline any tangible evidence of medication efficacy with ongoing usage of the Lidoderm patches in question, moreover. Therefore, the request is not medically necessary.

Mineral Ice gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Based on the product description, the mineral ice gel represents low-tech, inexpensive local application of cold therapy. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-4, at-home local applications of cold and heat are recommended as methods of symptom control for forearm, hand, and wrist symptoms, as are present here. As with the other request, it is acknowledged that the attending provider has failed to outline the presence of any tangible improvements in function with this or other agents. However, the Mineral Ice gel represents a simple, low-tech application of cold therapy which is sufficiently low risk that there should be no objection to continuing the same for palliative purposes, as suggested by ACOEM. Therefore, the request is medically necessary.

Ultram 50 mg #120: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has seemingly failed to return to work. The attending provider seemingly suggested that the applicant's symptoms are heightened from visit to visit, as opposed to reduced symptoms from visit to visit. The applicant is still having difficulty performing activities of daily living, including gripping and grasping with the hands. All of the above, taken

together, suggest that ongoing usage of Ultram is not indicated. Therefore, the request is not medically necessary.