MAXIMUS Federal Services

Case Number:	CM14-0107511		
Date Assigned:	08/01/2014	Date of Injury:	10/31/2007
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 55-year-old female who was reportedly injured on October 31, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 2, 2014, indicated that there were ongoing complaints of bilateral shoulders, bilateral elbows and bilateral hands pain. The physical examination demonstrated tenderness to palpation over both shoulders, a positive "Cranks sign" and a reduction in shoulder range of motion. A positive Finkelstein was noted bilaterally. There was tenderness to palpation in the cervical spine, and range of motion slowly reduced. Diagnostic imaging studies were not reported. Previous treatment included right shoulder rotator cuff repair, open reduction internal fixation and a bilateral carpal tunnel release. A request was made for multiple medications and was not certified in the pre-authorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 900mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49.

Decision rationale: When noting the date of injury, the mechanism of injury, the injury sustained and the current diagnosis listed, there is no indicator of a neuropathic pain generator. The cervical disc injury is a function of the cervical facet joint disease, the rotator cuff repair and the fractured left ulna. Therefore, when noting the clinical indication for this medication, and noting that there has not been any response nor is there objectification of a neuropathic lesion, the medical necessity for this medication has not been established.

Fentanyl 12mcg Q3days #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 93.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The records do not indicate any significant pain relief, no improvement in the overall functional status, and side effects are not addressed. Treatment guidelines specifically state fentanyl is "not recommended for musculoskeletal pain." A review, of the notes, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary. No improvement is identified.

Ultram 50mg BID #60 x 4refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary for the continued indefinite use of this preparation.

Colace 100mg BID #60 X 4refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 88.

Decision rationale: This medication is a stool softener and useful for the treatment of constipation. There is no clinical indication for this medication for this injured worker. There is documentation of narcotic usage; however, there is no documentation of constipation or other side effects. Colace is available as a generic formulation and it is also available as an over-the-counter product without a prescription. When noting there are no complaints of constipation and no physical examination findings to suggest that this exists, the medical necessity for this medication is not been established.

Compression gloves #2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter updated August, 2014.

Decision rationale: It is noted that the American College of Occupational and Environmental Medicine or California Medical Treatment Utilization Schedule does not address this piece of equipment. Furthermore, the records reflect that the injured employee is a lack of equipment for a number of months with no significant change in the overall clinical situation reported. Therefore, the medical necessity for this has not been established.