MAXIMUS Federal Services

Case Number:	CM14-0117986		
Date Assigned:	08/06/2014	Date of Injury:	02/19/2013
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 injured worker is a 54-year-old female with a reported date of injury on 02/19/2013. The mechanism of injury was noted to be a reaching injury. Her diagnoses were noted to include left carpal tunnel release and right long and ring trigger fingers. Her previous treatments were noted to include physical therapy, independent exercise program, medications, and a TENS unit. The progress note dated 05/09/2014 revealed complaints of pain to the neck and was focused primarily at the paracervicals and upper trapezius. The injured worker also referred to it as shoulder pain, which was described as achiness and weakness, rated 8/10. The injured worker described a locking sensation on the right 4th and 5th digits that was deeply painful, rated 9/10. The physical examination of the cervical spine revealed decreased range of motion with mild to moderate tenderness upon palpation of the paracervicals and greater occiputs bilaterally. The physical examination of the shoulders revealed decreased range of motion, and the palpations of the shoulders revealed tenderness. The provider indicated that despite more than a year of conservative care, including physical therapy, ice, heat, TENS, and medications, the injured worker's condition, particularly in regard to pain, had failed to improve as expected. The Request for Authorization form dated 05/09/2014 was for a 1 month trial of a TENS unit for improvement in function and decreased narcotic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit 1 Month Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116.

Decision rationale: The request for a TENS unit 1 month trial is not medically necessary. The injured worker had utilized a TENS unit previously. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The guidelines criteria for the use of TENS is documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function, and rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period, including medication usage. There is lack of documentation regarding a functional restoration approach to be used as an adjunct to a 1 month trial of a TENS unit. Additionally, the provider indicated the injured worker has utilized a TENS unit; however, there is a lack of documentation regarding how often the unit was used and the outcomes in terms of pain relief and function. Therefore, the request is not medically necessary.

Acetaminophen 500mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

Decision rationale: The request for Acetaminophen 500mg #1 is not medically necessary. The injured worker complains of bilateral upper extremity and neck pain. The California Chronic Pain Medical Treatment Guidelines recommend acetaminophen for treatment of chronic pain and acute exacerbations of chronic pain. The guidelines recommend acetaminophen as an initial treatment for mild to moderate pain, in particular for those with gastrointestinal, cardiovascular, and renovascular risk factors. If pain is inadequately treated or there's evidence of inflammation, alternate pharmacologic treatments should be considered. In injured workers with moderate to severe disease, initial treatment with an NSAID may be warranted. Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend 1 medication over the other. Acetaminophen overdose is well known as an acute cause of acute liver failure. A warning is given on all acetaminophen products that injured workers consume greater than 3 alcoholic drinks a day should discuss use with their physician, although a systematic review of acetaminophen use and alcoholic subjects concluded that there was little credible evidence to implicate therapeutic doses as the cause of fulminant hepatic toxicity in alcoholics. There is a lack of documentation regarding the efficacy of this

medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Amitriptyline 25mg #1: 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 Amitriptylline Page(s): 13.

Decision rationale: The request for Amitriptyline 25mg #1 is not medically necessary. The injured worker complained of neck, back, and bilateral upper extremity pain. The California Chronic Pain Medical Treatment Guidelines recommend amitriptyline as a tricyclic antidepressant. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding assessment of treatment efficacy, including pain outcomes, evaluation of function, and sleep quality. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.