

Case Number:	CM14-0172735		
Date Assigned:	10/23/2014	Date of Injury:	11/29/2010
Decision Date:	12/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/20/2014

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, mid back, and elbow pain reportedly associated with an industrial injury of November 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long- and short-acting opioids; earlier elbow surgery; earlier cervical fusion surgery; earlier shoulder surgery; earlier carpal tunnel release surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 17, 2014, the claims administrator approved a follow-up visit, approved DSS, denied OxyContin, denied Norco, and denied 8 sessions of acupuncture, and denied a home health aide. In its UR report, the claims administrator suggested that the applicant was off work. The claims administrator stated that it was basing its decision on an August 25, 2014, progress note. The applicant underwent an ulnar nerve release at the elbow and debridement of the medial epicondyle on May 28, 2014. In a June 9, 2014, progress note, the applicant presented with her first postoperative visit. The applicant was having ongoing complaints of elbow pain. The applicant was using Norco and OxyContin, it was acknowledged, as of that point in time. The applicant was kept off work. An elbow splint was endorsed. In an earlier note dated December 12, 2013, it was acknowledged that the applicant was off work at this point in time, reported 8/10 multifocal pain complaints. In a progress note dated September 30, 2014, the applicant reported ongoing complaints of shoulder, hand, and wrist pain. The applicant had residual issues with carpal tunnel syndrome, it was noted. The applicant reported 7/10 pain and stated that she was angry, tearful, and psychologically stressed over various medication denials by her claims administrator. The applicant was asked to employ senna for constipation. A topical compounded medication was endorsed. The attending provider stated that he was appealing previously denied request for Norco, OxyContin, home healthcare, and

physical therapy. The applicant was apparently using a variety of medications, in addition to the medication refill, including Naprosyn, Neurontin, Flexeril, Voltaren, Butrans, Neurontin, OxyContin, Celebrex, and baclofen. In a July 29, 2014, office visit, it was acknowledged that the applicant's multifocal complaints and chronic pain issues had resulted in the applicant's becoming "very disabled" and unable to return to her former job duties. The applicant was described as "totally disabled" despite ongoing usage of OxyContin, Norco, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic 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 is off work, on total temporary disability. The applicant's pain complaints appear heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing OxyContin usage. The attending provider has, furthermore, failed to recount or identify any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic 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, the applicant is off work. The applicant has been deemed "totally disabled," one of the applicant's providers has reported on several occasions, referenced above. The applicant's treating providers have, furthermore, failed to identify any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco usage. Therefore, the request is not medically necessary.

Acupuncture (1 x 8 = 8): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended only if there is evidence of functional improvements as defined in Section 9792.20(f). In this case, however, the applicant is off work, on total temporary disability. The applicant remains highly dependent on opioid agents such as Norco and OxyContin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite prior acupuncture in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

Home health aide 2.5 hours a week 2 days a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Topic Page(s): 51.

Decision rationale: The attending provider did not identify precisely what services are being sought via the home health aide. It appeared, based on the submitted information, that the home health aide was intended to assist in activities of daily living such as household chores. However, assistance with household chores, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, is specifically not covered when sought as a stand-alone service. Therefore, the request is not medically necessary.