

Case Number:	CM14-0177766		
Date Assigned:	10/31/2014	Date of Injury:	07/01/2007
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, elbow, and wrist pain reportedly associated with cumulative trauma at work between the dates July 1, 2006 through May 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for Soma, denied a request for tramadol, denied eight sessions of physical therapy, and denied a follow-up office visit. Non-MTUS ODG Guidelines were invoked to deny the follow-up office visit. In the claims administrator's log of medical evidence/cover sheet, the claims administrator stated that eight sessions of physical therapy had been approved on June 17, 2014. The claims administrator also stated that eight sessions of physical therapy were approved on July 30, 2014. In a progress note dated September 26, 2014, the applicant reported ongoing complaints of neck, shoulder, and bilateral upper extremity complaints, 7/10. The applicant was status post radial tunnel release surgery at an unspecified point in time, it was noted. Eight sessions of physical therapy were endorsed. Soma and tramadol were renewed. It was acknowledged that the applicant was not working. There was no explicit discussion of medication efficacy. In an August 22, 2014 progress note, the applicant again reported multifocal neck and bilateral upper extremity pain, 6-7/10. It was again acknowledged that the applicant was not working. In a Medical-legal Evaluation dated August 15, 2014, it was acknowledged that the applicant had undergone an elbow epicondylar release and radial tunnel release surgery at an unspecified point of time, and had undergone a right shoulder arthroscopy and decompression on April 21, 2008. The date of the elbow epicondylar release, however, was not stated. On July 18, 2014, it was

stated that the applicant had undergone an elbow epicondylar release surgery and radial tunnel surgery on November 11, 2013. A Toradol injection was given on this occasion. The applicant was again described as not working. The attending provider stated that the applicant was using tramadol and an unspecified antispasmodic. The attending provider stated that these medications were helping but did not quantify, elaborate, or expound upon the extent of the same. 6-7/10 pain multifocal neck and upper extremity pain complaints were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term usage purposes, particularly when employed in conjunction with opioid agents. Here, the applicant is, in fact, using tramadol, a synthetic opioid. Adding carisoprodol or Soma to the mix is not recommended, particularly for the long-term use purpose which is implied via the 90-tablet, two-refill supply being sought here. Therefore, the request is not medically necessary.

Tramadol 150mg, #60: 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 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 opioids include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant has not seemingly worked in several years. While the attending provider did state on one occasion that medications were working, this was not elaborated or expounded upon. The attending provider did not discuss medication efficacy in several other progress notes, referenced above. The attending provider did not outline any quantifiable decrements in pain or material improvements in function as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Appose to Chronic Pain Management section; Page(.).

Decision rationale: The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier elbow surgery on November 11, 2013 as of the date of the request for additional physical therapy, September 26, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were/are therefore applicable. The applicant has already had prior treatment in 2014 (16 sessions, per the claims administrator) seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestone in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant remains dependent on tramadol, Soma, and other forms of medical treatment. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior physical therapy over the course of the claim. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 33, 268. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in applicants whose conditions are not expected to change appreciably from visit to week here, the applicant is off of work. The applicant has multitude of pain complaints. The applicant is using a variety of analgesic medications. Follow-up visit with the requesting provider is indicated to address many of the pain management, work status, and medication management issues present here. Therefore, the request is medically necessary.