

Case Number:	CM14-0180984		
Date Assigned:	11/05/2014	Date of Injury:	12/19/2011
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 elbow epicondylitis and carpal tunnel syndrome reportedly associated with an industrial injury of December 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier elbow epicondylar release surgery; earlier shoulder surgery; corticosteroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for Ativan, Norco, and Voltaren gel. The applicant's attorney subsequently appealed. In a November 5, 2014 progress note, the applicant reported ongoing complaints of neck pain and right upper extremity pain. It was acknowledged that the applicant had stopped working on August 20, 2013. The applicant selected worker compensation indemnity benefits of several months and then transitioned over to State Disability Insurance (SDI). The applicant was minimizing performance of hospital chores. The applicant was very depressed, it was acknowledged. The applicant was having difficulty performing personal hygiene, gripping, grasping, and other forceful activities. Weakness about the grip strength testing and the elbow epicondylar region was appreciated. The applicant was given a diagnosis of shoulder pain status post SLAP repair surgery, elbow epicondylitis, carpal tunnel syndrome, first dorsal compartment tenosynovitis, CMC joint osteoarthritis, depression, anxiety, ulnar neuritis, and weight gain. Authorization was sought for elbow surgery. Multiple medications were refilled. Ativan, Norco, and Desyrel were renewed. The attending provider complained that he believed the claims administrator was trying to dictate treatments to him. In an October 1, 2014 progress note, the applicant reported ongoing complaints of shoulder, elbow, wrist, and hand pain. The applicant was reportedly tearful. The applicant was having difficulty performing gripping, grasping, and other household chores. The applicant was still using wrist braces. The applicant was having

difficulty finding a psychiatrist to take on her case. Work restrictions were endorsed. Medication selection and medications efficacy were not addressed on this occasion. On September 3, 2014, the applicant was not working and receiving disability benefits, it was acknowledged. The applicant was having difficulty performing household chores including griping, grasping, and opening jars. Weakness about the arm was noted. The applicant had developed depression. Ativan, Voltaren gel, Naprosyn, Lunesta, and Norco were endorsed. The attending provider stated that these medications were allowing the applicant to remain functional, but did not elaborate or expound upon the nature of the same. In an August 6, 2014 progress note, the applicant was given prescription for Naprosyn, Voltaren gel, Lunesta, Norco, and Ativan. It was again stated that the applicant was having difficulty performing griping, grasping, lifting, pushing, and pulling. The applicant was still using a brace to move about. 7-8/10 pain was reported. The applicant was receiving disability benefits, it was stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Anxiolytics section; 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytic such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all information on file points to the applicant's using Ativan on a chronic, long-term, and/or scheduled use purpose for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for Ativan. It is further noted that ongoing usage of Ativan has failed to curtail the applicant's ongoing issues of anxiety, depression, and related insomnia. The request, thus, as written, is at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.

Voltaren Gel 1% #3 Bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren and Topical NSAIDs section; Functional Restoration approach to Chronic Pain Man.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Voltaren gel is indicated in the treatment of tendonitis of small joints, which are amenable to topical treatment, including the applicant's ongoing elbow pain complaints reportedly present here, this recommendation is, however, 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 its choice of recommendations. Here, however, the attending provider has failed to outline how ongoing usage of Voltaren gel has been beneficial. The applicant remains off of work. The applicant continues to report pain complaints as high as 7 to 8/10, despite ongoing Voltaren gel usage. Ongoing Voltaren gel use has failed to curtail to applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request is not medically necessary.

Norco 10/325mg #15: 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, 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 was/is off of work. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, lifting, pushing, and pulling, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing opioid therapy with Norco. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.