

Case Number:	CM14-0042473		
Date Assigned:	06/30/2014	Date of Injury:	02/04/2014
Decision Date:	09/03/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for posttraumatic headaches, elbow pain, forearm pain, and sleep disturbance reportedly associated with an industrial injury of February 4, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 18, 2014, the claims administrator approved an elbow sleeve, partially certified a request for tramadol, denied a request for a Fluriflex topical compound, denied a hot and cold unit, denied an interferential unit, and denied a neurology consultation, and approved an elbow and forearm x-ray. The applicant's attorney subsequently appealed. In a doctor's first report dated February 27, 2014, the applicant apparently transferred care to a new primary treating provider. The applicant presented with headaches and sleep disturbance reportedly associated with the industrial injury. An elbow and forearm pain was also noted with attendant sleep disturbance and diminished motor strength was noted. The applicant was given prescriptions for Fluriflex, Tramadol, an elbow sleeve, an interferential unit, and a hot and cold unit. A neurologist was sought to further evaluate the applicant's headaches. The applicant was placed off of work, on total temporary disability. The note in question did represent the applicant's first office visit with the new primary treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: The request in question seemingly represents a first-time request for tramadol, apparently issued on the applicant's first visit with his new primary treating provider. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, a short course of opioids is deemed "optional," in the treatment of acute and sub-acute pain, as is present here. The applicant did have widespread, multifocal complaints, including about the elbow, forearm, and head. Provision of Tramadol to ameliorate the same was indicated. Therefore, the request was medically necessary.

Fluriflex 180 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's concomitant provision with a prescription for tramadol, a first-line opioid pharmaceutical effectively obviated the need for topical medications such as the Fluriflex compound in question, which are deemed, per ACOEM Chapter 3, Table 3-1, page 49: "Not recommended." No rationale for provision of the same in the face of the unfavorable ACOEM position on topical medications was furnished. Therefore, the request is not medically necessary.

Hot and Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 41, at-home local applications of heat and cold packs for comfort purposes are deemed "recommended." In this case, the attending provider did not state why the applicant could not perform local, low-tech at-home applications of heat and cold, as suggested by ACOEM in lieu of the more elaborate heating and cooling unit proposed. Therefore, the request is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 31.

Decision rationale: Interferential therapy represents a form of electrical stimulation. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 31, there is "no recommendation" on electrical stimulation, the modality seemingly being sought here, in the management of acute and sub-acute elbow and/or forearm complaints. No specific rationale, narrative commentary, or medical evidence was furnished so as to augment the tepid to unfavorable ACOEM position on the same. The doctor's first report was quite sparse and did not explicitly state why the interferential stimulator device was being sought for purchase purposes without evidence of an earlier trial and without evidence of failure of first-line oral pharmaceuticals. Therefore, the request is not medically necessary.

Referral to a Neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with a particular line of inquiry or with treating a particular cause of delayed recovery. In this case, the applicant is alleging development of posttraumatic headaches. The applicant's primary treating provider apparently does not address this particular issue. Obtaining the added expertise of a physician, who does, namely a neurologist, is therefore indicated. Accordingly, the request is medically necessary.