

Case Number:	CM14-0071465		
Date Assigned:	07/16/2014	Date of Injury:	02/13/2014
Decision Date:	10/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal 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 49 year old female who reported an injury to her right arm when she caught another individual and falling down stairs. The agreed medical evaluation dated 10/16/08 indicates the injured worker complaining of right upper extremity pain. The note indicates the injured worker utilizing Hydrocodone and Lidoderm patches for pain relief. There was also an indication the injured worker has been utilizing Cymbalta, Soma, Topamax, and Xanax at that time. There is also an indication the injured worker had been diagnosed with regional pain syndrome/CRPS. The injured worker has been identified as having a herniated disc at C5-6 as well. The injured worker also reported ongoing fatigue, nausea, and weakness as well as muscle tremors and headaches. There was also an indication the injured worker had exhibited signs of confusion as well as poor concentration. The injured worker scored a 36 on the BDI indicating severe levels of depression at that time. The injured worker also scored a 40 on the BAI exam indicating severe anxiety. The agreed medical examination dated 10/04/11 indicates the injured worker complaining of ongoing pain associated with reflex sympathetic dystrophy (RSD). The injured worker also reported low back and neck pain. The agreed medical examination dated 07/19/13 indicates the injured worker had been utilizing a transcutaneous electrical nerve stimulation (TENS) unit as well as the ongoing use of Norco, Soma, Ibuprofen, Topamax, as well as massage therapy. The urine drug screen completed on 11/11/13 indicates the injured worker demonstrating inconsistent findings with the use of THC. There was also an indication the injured worker had been prescribed the use of Zolpidem but was not utilizing it. The injured worker had also been prescribed the use of Xanax but was showing inconsistent findings as none had been detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG#180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The documentation indicates the injured worker failing to demonstrate any significant functional improvement with the use of this medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Soma 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request is not indicated.

Unknown massage therapy for myofacial pain control.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Massage therapy is indicated in order to address an adjunct to other recommended treatment, and should be limited to 6 visits. No information was submitted regarding on going treatments in addition to the requested massage therapy. No information was submitted regarding the number of session being requested. Given these factors, this request is not indicated.

EMG to the bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker complaining of RSD-like symptoms in the right upper extremity. No information was submitted regarding the injured worker's significant findings in the left upper extremity. Therefore, it is unclear for the need for bilateral diagnostic studies.

NCS to the bilateral upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker complaining of RSD-like symptoms in the right upper extremity. No information was submitted regarding the injured worker's significant findings in the left upper extremity. Therefore, it is unclear for the need for bilateral diagnostic studies.

One set of electrodes for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The documentation indicates the injured worker utilizing a TENS unit. However, no objective data was submitted confirming the injured worker's positive response to the use of this device. Without information regarding the injured worker's positive response, it is unclear if the continued use of a TENS unit would be indicated. Therefore, this request is not indicated as medically necessary.