

Case Number:	CM14-0074945		
Date Assigned:	08/08/2014	Date of Injury:	02/04/2008
Decision Date:	09/11/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 52 year old female who is reported to have sustained work related injuries on 02/04/2008. The mechanism of injury is undisclosed. Per the most recent clinical note, the injured worker has complaints of neck pain, right shoulder pain, right wrist pain, and right elbow pain. Her pain levels are noted to be 8/10. It is reported that medications do help with overall pain level and maintaining functional status. On exam there is cervical spasm, range of motion is painful and decreased, positive facet tenderness, radiculopathy bilaterally at the C5 to C7 levels, decreased sensation bilaterally from C5 to C7 levels, crepitation with range of motion, pain is present with axial compression; examination of the right elbow and forearm reveals a positive Tinel's sign, tenderness at the lateral and medial epicondyle on the right, right shoulder there is a positive impingement sign and painful range of motion, forward flexion is to 90 degrees and abduction is to 90 degrees, subacromial and acromioclavicular joint (AC) joint tenderness is present, right wrist and hand reveals a healed scar, positive Tinel's, Phalen's sign, and decreased grip strength. The injured worker has been diagnosed with cervical discogenic disease, right shoulder impingement, right elbow medial and lateral epicondylar pain, status post right carpal tunnel release with residuals. The record contains a utilization review determination dated 05/08/14 in which requests for follow up in six to eight weeks, replacement of electrodes for transcutaneous electrical nerve stimulation (TENS) unit, Anaprox DS, Prilosec 20 milligrams, Norco 10/325 milligrams, and Klonopin 1 milligram were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up in 6-8 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain Chapter, Office Visits).

Decision rationale: A review of the serial clinical records indicates that the injured worker's condition is stable and chronic. She is now at a level of tertiary medical care for which she should be seen in follow up every three to four months. There is no indication of progressive functional loss that would require the injured worker to be seen prior to that. The request for follow up in six to eight weeks is not supported as medically necessary.

Replacement electrodes for TENS unit: Upheld

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

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

Decision rationale: The request for replacement electrodes for transcutaneous electrical nerve stimulation (TENS) unit is not supported as medically necessary. The available medical records provide absolutely no data regarding the use of TENS. There is no indication of where this device is applied or the efficacy of this treatment option. There is no indication in the clinical records that the use of TENS has resulted in a decrease in the use of oral pain medications and as such the request for replacement is not medically necessary.

Anaprox DS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic myofascial pain and evidence of degenerative changes for which this medication would be clinically indicated. As such, the continued use of Anaprox is recommended medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The submitted clinical records indicate that the injured worker has chronically been maintained on oral medications. The record contains no data to establish that the injured worker suffers from medication induced gastritis for which this medication would be clinically indicated. As such, the medical necessity has not been established. The request for Prilosec 20 milligrams is not supported as medically necessary.

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has chronically been maintained on oral medications. The record contains no data which establishes the efficacy of this medication. The records reflect that the injured worker's serial visual analog scale (VAS) scores are 8/10 with no data indicating functional improvements as a result of its use. Additionally, it would be noted that there is no indication that the injured worker has a signed pain management contract or undergoes routine or random urine drug screening to assess for compliance. Given the limited information provided, medical necessity for the chronic use of Norco 10/325 milligrams has not been established and is not supported as medically necessary.

Klonopin 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,63,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The submitted records indicate that the injured worker has chronically been treated with oral medications. The record provides no data to establish that Klonopin has resulted in any significant functional benefits. As such, the continued use of this medication has not been established. The request for Klonopin 1 milligram is not supported as medically necessary.