MAXIMUS Federal Services

Case Number:	CM14-0082281		
Date Assigned:	07/21/2014	Date of Injury:	02/03/1998
Decision Date:	08/28/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 years old female with an injury date on 02/03/1998. Based on the 03/26/2014 progress report provided by [redacted] the diagnoses are: Left elbow ulnar neuritis, Bilateral carpal tunnel syndrome, status posts multiple surgical releases, Cervical radiculopathy and Chronic neck pain. According to this report, the patient complains of chronic right elbow pain and bilateral wrist pain. Numbness and weakness in the hands was noted. The patient also complains of right middle finger pain with swelling and tenderness. The finger remains in the flexed position. Cervical range of motion limited in all planes. Mild tenderness noted over the left cervical paraspinals muscle. Swelling and tenderness noted over metacarpals of left hand. Diminished grip strength in the left hand at 3+/5 compared to the right which is 4+/5. [redacted] is requesting: 24 physical therapy visits, Norco 5/325mg #60 with one refill, Voltaren gel #5 tubes and Ambien 10mg #30 with one refill. There were no other significant findings noted on this report. The utilization review denied the request on 05/23/2014. [redacted] is the requesting provider, and he provided treatment reports from 10/09/2013 to 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 98, 99.

Decision rationale: According to the 03/26/2014 report by [redacted] this patient presents with chronic right elbow pain and bilateral wrist pain. The treator is requesting 24 physical therapy visits. The patient is status post bilateral carpal tunnel. Timeframe of surgeries were not provided in the report, however on the 10/09/2013 the patient was diagnosis with bilateral carpal tunnel syndrome, and status posts multiple surgical releases. A healed volar wrist scars was noted bilaterally. This patient is outside of post-surgical time-frame and for therapy treatments, MTUS guidelines page 98 and 99 allow 9-10 visits for myalgia, myositis, and the type of condition this patient suffers from. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested of 24 sessions exceed what is allowed by the MTUS guidelines. The treator also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate.

Norco 5/325mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the 03/26/2014 report by [redacted] this patient presents with chronic right elbow pain and bilateral wrist pain. The treater is requesting Norco 5/325mg #60 with one refill. Norco was first prescribed by [redacted] on 10/09/2013. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, Activities of daily living (ADLs), adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. On the 01/29/2014 report, the patient indicates the pain increased pain today, rating it a 8/10 on the Visual Analog Scale (VAS). On 12/04/2013 report, the patient rates the pain a 7/10 on the VAS. In this case, the reports show documentation of pain assessment using a numerical scale. There were no describing the patient's pain and function. No outcome measures are provided. No specific ADL's and returns to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines.

Voltaren gel #5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (p111, chronic pain section):Topical AnalgesicsRecommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primari

Decision rationale: According to the 03/26/2014 report by [redacted] this patient presents with

chronic right elbow pain and bilateral wrist pain. The treater is requesting Voltaren gel #5 tubes. Voltaren gel was first prescribed by [redacted] on 10/09/2013. The UR letter state the documentation reviewed indicated that the patient utilized this agent beyond the recommended 12 weeks. The MTUS guidelines page 111 on Topical Analgesics states FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Furthermore, the MTUS guidelines states it is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, medical records indicate the patient has been prescribed Voltaren since 10/09/2013. MTUS Guidelines does not recommend long-term use of this medication.

Ambien 10mg #30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Ambien for insomnia:Zolpidem [AmbienÂ® (generic available), Ambien CRâ¿¢] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR i

Decision rationale: According to the 03/26/2014 report by [redacted] this patient presents with chronic right elbow pain and bilateral wrist pain. The treater is requesting for Ambien 10mg #30 with one refill. Ambien was first prescribed by [redacted] on 12/04/2013. UR denial letter stated documentation revealed long term use of this medication which is discouraged. The MTUS and ACOEM Guidelines do not address Ambien; however, (ODG) Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has been prescribed Ambien since 12/04/2013. (ODG) Guidelines does not recommend long-term use of this medication, is not medically necessary.