

Case Number:	CM14-0085376		
Date Assigned:	07/23/2014	Date of Injury:	10/16/2002
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year old female was reportedly injured on October 16, 2002. The mechanism of injury is noted as a slip and fall type event. The most recent progress note, dated May 21, 2014 indicates that there are ongoing complaints of multiple site pain. The physical examination demonstrated tenderness to palpation in the cervical spine and upper trapezius area, decreased sensation the palmar aspect of the right index finger, tenderness in the acromioclavicular joint and the biceps tendon group, and an impingement testing is positive. Diagnostic imaging studies objectified no specific findings. Previous treatment includes multiple medications, physical therapy. A request was made for a function capacity evaluation, multiple medications, physical therapy and was not certified in the preauthorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy bilateral carpal tunnel 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: When noting the date of injury, the injury sustained, the markedly limited findings on the most recent progress notes there simply is insufficient clinical evidence presented to support this request. The parameters outlined in the Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) require specifics and given the previous physical therapy the efficacy these to be discussed. Therefore, the medical records for review do not establish the medical necessity for this intervention.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Guidelines, Second Edition (2004), Chapter 7, page 511.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: When noting the date of injury, injury sustained, the current clinical complaints offered as well as the lack of specific physical examination findings; tempered by the surgical interventions completed and taking into account the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines there is no clear clinical evidence presented to suggest a comprehensive functional capacity. An evaluation is necessary to establish a treatment plan or return to work parameters. Based on the limited physical examination did offered and taking the count the parameters noted in the American College of Occupational and Environmental Medicine (ACOEM) this is not medically necessary.

Norco 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this is a short acting opioid medication indicated for the management of moderate to severe breakthrough pain. There is support for using such opioids, the lowest possible dose to improve pain and function. The progress notes did not indicate any significant improvement in the functionality of the injured employee, decrease in the pain complaints or otherwise any objective parameter noting any efficacy whatsoever. As such, based on the data presented tempered by the parameters outlined in the Medical Treatment Utilization Schedule (MTUS) the medical necessity has not been established in the progress notes presented for review.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: This is a protein pump inhibitor useful in the treatment of gastroesophageal reflux disease. When noting the date of injury, the injury sustained and the treatment rendered; tempered by the numerous complaints offered by the injured employee and taking note that gastrointestinal distress is not one of these complaints there is no clinical indication for the continued uses medication. This individual does not have an intolerance or ethanol side effects of medication. As such, the medical necessity is not present.

Topical Cream Gaba/Keto/Lido: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), topical Gabapentin is not recommended. This request is a compounded topical preparation, noting that the Medical Treatment Utilization Schedule (MTUS) has been in these concoctions as largely experimental and that of any component is not recommended; therefore, the entire preparation is not recommended due to the inclusion of Gabapentin in this compounded preparation. Furthermore, there is no indication in the progress notes presented that this medication has demonstrated any efficacy or utility in terms of amelioration of symptomology. Therefore, this request is not medically necessary.