

Case Number:	CM14-0093540		
Date Assigned:	08/01/2014	Date of Injury:	10/10/2007
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Pain 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 60-year-old female who reported an injury on 10/10/2007. The mechanism of injury was not documented within the review. The injured workers diagnosis was noted to be injury of unspecified elbow, forearm and wrist as well as lesion of ulnar nerve. Prior treatments were noted to be epidural, home exercises, physical therapy, surgery, ice, massage, transcutaneous electric nerve stimulation unit, acupuncture and chiropractic care. The injured worker had a clinical office visit on 05/13/2014 with subjective complaints of right elbow pain that radiates up to her forearm. The physical exam findings noted lumbar spine stiffness with limited range of motion, decreased range of motion with pain on extension and also on flexion. There was tenderness noted over the bilateral cervical paraspinal muscles. Right upper extremity forearm, elbow and wrist presented with weakness and tenderness. Left upper extremity elbow presented with tenderness. The treatment plan was for cold laser treatment to the elbow times 6 and MS Contin 15 mg tablets #180. The rationale for the request was provided within the documentation and a Request for Authorization form was provided and dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Cold Laser Treatments for Right Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: The request for 8 Cold Laser Treatments for Right Elbow is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend a low level laser therapy. There has been interest in using low level lasers as a conservative alternative to treat pain. Low level laser also called cold lasers and non-thermal lasers, refer to the use of a red beam or near infrared lasers with a wave length between 600 and 1000 nm in wattage from 5 to 500 milliwatts. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndrome with low level laser therapy provides at best the equivalent of a placebo effect. As such, the request for 8 Cold Laser Treatments for Right Elbow is not medically necessary.

1 Ms Contin 15mg Tablet Extended Release, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include: pain relief; functional status; appropriate medication use; and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The office visit documented on 05/13/2014 does not provide an adequate pain assessment. In addition, the providers request fails to provide a dosage frequency. Therefore, the request for 1 Ms Contin 15mg Tablet Extended Release, #180 is not medically necessary.