

Case Number:	CM14-0186495		
Date Assigned:	11/14/2014	Date of Injury:	02/18/2011
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic thumb, hand, wrist, and myofascial pain syndrome reportedly associated with an industrial injury of February 18, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In an October 29, 2014 utilization review report, the claims administrator failed to approve request for 6 sessions of physical therapy for the hand and wrist, Norco, Flexeril, and Protonix. The claims administrator invoked the MTUS Postsurgical Physical Medicine Treatment Guidelines in denial but did not state when the date of surgery was. The applicant's attorney subsequently appealed. In an October 13, 2014 appeal letter, the applicant was described as having ongoing complaints of hand pain status post earlier failed carpal tunnel release surgery and failed right thumb tendon repair surgery. Atrophy of the thenar eminence was appreciated. It was stated that the applicant had issues with degenerative joint disease of the hand complicating her recovery. The applicant was described as "clinically disabled." Flexeril, Protonix, and Norco were endorsed. It was stated that Protonix was being employed in an effort to control the "iatrogenics" secondary to medication usage. These "iatrogenics" were not elaborated or expounded upon. It was stated that the applicant was running out of treatment options. In a September 4, 2014 doctor's first report (DFR), the applicant reported ongoing issues with hand, wrist, and thumb pain. The applicant had developed issues with a trigger thumb and a Dupuytren's contracture, it was stated, following earlier failed carpal tunnel release surgery. The applicant is having difficulty performing activities of daily living as basic as household chores, dressing herself, and/or cleaning on bad days. Norco, Flexeril, and Protonix were endorsed while the applicant was kept off work, on total temporary disability. This note was a doctor's

first report (DFR) with the applicant's new primary treating provider, it was acknowledged. A hand surgery consultation was sought. It was not stated how much prior physical therapy the applicant had or had not had through other providers. In a progress note dated October 21, 2014, the applicant was again placed off work, on total temporary disability. Motrin and Tramadol were endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to the other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Motrin, Norco, tramadol, and Celebrex. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. As of the date of the utilization review report, October 29, 2014, the applicant had been using Norco for at least 6 to 7 weeks after Norco was introduced on a doctor's first report (DFR) on September 4, 2014. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, on total temporary disability. The applicant is having difficulty doing activities of daily living as basic as gripping, grasping, handling, and cooking, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Norco usage. All of the

foregoing, taken together, did not make a compelling case for continuation of opioid therapy. Therefore, the request was not medically necessary.

PROTONIX 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file contained no explicit references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. While the attending provider did report on one occasion that the applicant had sustained "iatrogenics" associated with medication usage, it was never explicitly stated that the applicant was in fact experiencing issues with dyspepsia, reflux, and/or heartburn. Therefore, the request was not medically necessary.

PHYSICAL THERAPY RIGHT HAND/WRIST 2 X WEEK FOR 3 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic; Functional Restoration Approach to Chronic Pain Management Section; MTU.

Decision rationale: The applicant had earlier hand and wrist surgery at an unspecified point in time. The applicant is now seemingly outside of the postsurgical physical medicine treatment period following the same. The MTUS Chronic Pain Medical Treatment Guidelines is therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. Here, however, the applicant is off work, on total temporary disability, remains dependent on opioid agents such as Norco and tramadol, despite earlier unspecified amounts of physical therapy over the course of the claim. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.