MAXIMUS Federal Services

Case Number:	CM14-0188516		
Date Assigned:	11/19/2014	Date of Injury:	02/15/2011
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 underlying date of injury in this case is 02/15/2011. The date of the utilization review under appeal is 10/27/2014. The patient's diagnoses include status post right carpal tunnel release, right de Quervain's syndrome, status post left flexor tenosynovectomy, and status post left de Quervain's tenosynovectomy of 10/07/2014. The patient was noted to have a history of continued left wrist pain as well as low back pain with numbness and tingling to the lower extremities. On 09/30/2014, the patient was seen in orthopedic follow-up by the patient's primary treating physician. That note is handwritten and only partially legible but appears to outline ongoing symptoms of pain in the shoulder, wrist, knees, cervical spine, and shoulders. The treatment plan included a request for [redacted] weight loss program to help decrease pressure on the lumbar spine and knees as well as a Quick draw support to stabilize the lumbar spine. That note indicated the patient was pending left wrist carpal tunnel release and de Quervain's release which has been certified for 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 113.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management in detail, discussing recommendations for documentation of pain relief, functional status, appropriate medication use, and side effects. A prior physician reviewer concluded that these four A's of opioid management had not been met. While I agree that these four A's of opioid management may not have been met on a long-term basis, the current review under appeal is specifically regarding a timeframe just prior to approved upper extremity surgery. It would be extremely difficult to assess the four A's of opioid management in the perioperative setting and would not be indicated to substantially change long-term pain management pharmacology just prior to the surgery which may itself be painful. For these reasons, the current request is supported by the treatment guidelines. This request is medically necessary.

[redacted] weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation wwww.aetna.com/cpb/medical/data/1-99/0039.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7/Consultation, page(s) 127.

Decision rationale: The ACOEM Guidelines, chapter 7/consultation, page 127, recommend consultation when the patient's course of care may benefit from additional expertise. This guideline refers to medically supervised treatment options. The medical records do not discuss the degree of medical supervision, if any, for the proposed [redacted] weight loss program. Therefore this request is not medically necessary.

Quick draw brace Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM Guidelines, chapter 12/low back, page 301, state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Overall the medical records and guidelines do not provide a rationale or reasoning for probable clinical benefit from the requested lumbar brace in a chronic timeframe. This request is not medically necessary.