

Case Number:	CM14-0206082		
Date Assigned:	12/18/2014	Date of Injury:	07/24/2013
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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 58 year old female with an injury date of 07/24/13. Based on the 11/20/14 progress report provided by treating physician, the patient complains of neck and bilateral upper extremity pain rated 6-7 with, and 8-9 without medications. Treater also states patient has diabetes and that injury is due to repetitive stress. Physical examination on 11/20/14 revealed mild tenderness to palpation to the bilateral shoulders; medial and lateral epicondyles; and dorsal wrists. Positive Tinel's for proximally radiating pain at elbows. Range of motion of the bilateral upper extremities and resisted strength of all major muscle groups of the upper extremities within normal limits. Per progress report dated 09/23/14, patient wore braces "all the time." Per progress reports dated 10/21/14 and 11/20/14, treater states "Ibuprofen down to bid from tid; not taking Acetaminophen 325 bid as recommended, confused about directions. Wearing braces at work only now. Continues ROM exercises, walking 6-7 blocks daily,..." Patient has had 4 sessions of acupuncture with 20% reduction in pain. Per progress report dated 11/20/14, treater states "replace bilateral wrist braces which are down to bare metal due to daily use at work." Patient is working modified duty. Diagnosis 09/23/14, 10/21/14, 11/20/14- myofascial pain- tennis elbow- sprain/strain lumbar spine The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 08/22/14 - 12/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 325mg #60 3-6 month supply (refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with neck and bilateral upper extremity pain rated 6-7 with, and 8-9 without medications. Provider states patient has diabetes and that injury is due to repetitive stress. The request is for Acetaminophen 325mg #60 3-6 month supply (refills). Patient's diagnosis on 11/20/14 included myofascial pain, tennis elbow and sprain/strain lumbar spine. Physical examination on 11/20/14 revealed mild tenderness to palpation to the bilateral medial and lateral epicondyles; and dorsal wrists. Positive Tinel's for proximally radiating pain at elbows. Patient has had 4 sessions of acupuncture with 20% reduction in pain. Patient is working modified duty. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/23/14, patient wore braces "all the time." Per progress reports dated 10/21/14 and 11/20/14, provider states "Ibuprofen down to bid from tid; not taking Acetaminophen 325 bid as recommended, confused about directions. Wearing braces at work only now. Continues ROM exercises, walking 6-7 blocks daily." Provider has documented decrease in pain, increase in function, and decrease in dosage of Ibuprofen. However, patient has not been taking requested Acetaminophen as directed; and provider has not discussed reason for prescribing 2 NSAID's. Given the lack of documentation for need of this medication, the request for Acetaminophen is not medically necessary.

Ibuprofen 800mg #60 with a 3-6 month supply (refills): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with neck and bilateral upper extremity pain rated 6-7 with, and 8-9 without medications. Provider states patient has diabetes and that injury is due to repetitive stress. The request is for Ibuprofen 800mg #60 with a 3-6 month supply (refills). Patient's diagnosis on 11/20/14 included myofascial pain, tennis elbow and sprain/strain lumbar spine. Physical examination on 11/20/14 revealed mild tenderness to palpation to the bilateral medial and lateral epicondyles; and dorsal wrists. Positive Tinel's for proximally radiating pain at elbows. Patient has had 4 sessions of acupuncture with 20% reduction in pain. Patient is working modified duty. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 09/23/14, patient wore braces "all the time." Per progress reports dated 10/21/14 and 11/20/14, provider states "Ibuprofen down to bid from tid; not taking Acetaminophen 325 bid as recommended, confused about directions. Wearing braces at work only now. Continues ROM

exercises, walking 6-7 blocks daily." Provider has documented decrease in pain and increase in function. Patient is able to work and has decreased dosage of requested NSAID. The request is in line with guideline indications. Therefore, the request for Ibuprofen is medically necessary.

Replace bilateral wrist brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Splinting

Decision rationale: The patient presents with neck and bilateral upper extremity pain rated 6-7 with, and 8-9 without medications. Provider states patient has diabetes and that injury is due to repetitive stress. The request is for replace bilateral wrist brace. Patient's diagnosis on 11/20/14 included myofascial pain, tennis elbow and sprain/strain lumbar spine. Physical examination on 11/20/14 revealed mild tenderness to palpation to the bilateral medial and lateral epicondyles; and dorsal wrists. Positive Tinel's for proximally radiating pain at elbows. Patient has had 4 sessions of acupuncture with 20% reduction in pain. Patient is working modified duty. ODG-TWC, Carpal Tunnel Syndrome (Acute & Chronic) Chapter under Splinting: "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence." Per progress report dated 09/23/14, patient wore braces "all the time." Per progress reports dated 10/21/14 and 11/20/14, provider states patient is "wearing braces at work only now. Continues ROM exercises, walking 6-7 blocks daily." Per progress report dated 11/20/14, provider requests to "replace bilateral wrist braces which are down to bare metal due to daily use at work." Provider has not provided a clear diagnosis of carpal tunnel syndrome. However, provider has documented that patient has limited the use of wrist braces from "all the time" to only while working. Although limited, guidelines state that the use of wrist braces during daytime has positive evidence. Patient appears to benefit by remaining functional at work with the use of said wrist braces. The request appears reasonable, therefore it is medically necessary.