

Case Number:	CM14-0039593		
Date Assigned:	11/18/2014	Date of Injury:	12/08/2011
Decision Date:	01/02/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 43 year-old female who has reported chronic neck and extremity pain after an injury of 12/08/2011. The treating physician reports during 2013 and 2014 refer to prior treatment that included acupuncture, medications, trigger point needling, and "PT/OT" that included home care instructions. Work status remained as apparent "total disability" and function was significantly impaired on an ongoing basis. Oral ibuprofen was a chronic medication through at least 1/16/14. There was no mention of ibuprofen as of 3/18/14. Per the PR2 of 03/18/2014, the diagnoses were for non-specific pain and strain/sprain of the upper extremity. Work status appeared to be "totally disabled". There was ongoing neck, upper back, and left upper extremity pain which severe enough to prevent lifting, carrying, and grabbing. Pain was unchanged after acupuncture was stopped and not using the computer for a month. Widespread tenderness was present. Pain was reportedly acutely worse and the treatment plan was for hand therapy, mirtazapine, and Pennsaid (#113, 1.5%). There was no mention of possible side effects of Pennsaid or of any prior use of Pennsaid. The Request for Authorization of 3/18/14 was for "hand therapy x 6" and "Pennsaid 2% 2 pumps bid for left arm pain". On 3/26/14 Utilization Review partially certified a request for hand therapy x 6, and non-certified Pennsaid. The MTUS was cited. Note was made of the guideline recommendations for physical therapy and short courses of topical NSAIDs, and that the injured worker had previously attended hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand and Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician appears to state that the current physical therapy prescription is for treating pain. No other reason is given. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. There are no functional goals. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy may rely on passive modalities. In the MTUS citation above, reliance on passive care is not recommended. Per the work status and limited discussion of function, it appears that the treating physician has not included return to work in his treatment plan and has not provided a treatment plan focused on functional restoration. The treating physician has stated that the injured worker has attended prior "PT/OT" but has not discussed the quantity or results. After a course of therapy, the injured worker should be able to address the expected variations in chronic pain with a home program, not repeated courses of hand therapy. The hand therapy is not medically necessary due to a treatment plan which is not focused on functional improvement, lack of sufficient information about the results of prior therapy, lack of sufficient detail in the current prescription, and a quantity of visits which possibly exceeds the quantity recommended in the MTUS.

Pennsaid 2%, 2 pumps BID with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation FDA MedWatch, 12/5/09: Hepatic Effects Labeling Changes for all products containing diclofenac sodium

Decision rationale: Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The specific body parts to be treated were not specifically stated, and may include the shoulder. It is not clear that the injured worker will no longer be taking oral ibuprofen, as there should be no concurrent use of an oral and topical NSAID. Note the FDA warning above. There is no evidence in this case that the prescribing

physician has a clear plan to monitor liver toxicity. The MTUS recommends short term use of topical NSAIDs. The prescription is for long term use, given the four refills. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Pennsaid is not medically necessary as prescribed, for the reasons stated above in light of the cited guidelines.