MAXIMUS Federal Services

Case Number:	CM15-0148028		
Date Assigned:	08/11/2015	Date of Injury:	12/15/2011
Decision Date:	09/29/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic elbow, wrist, shoulder, neck, and hand pain reportedly associated with an industrial injury of December 15, 2011. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for physical therapy, partially approved a request for Prilosec, and approved requests for Lidoderm, Norco, and a urine drug screen. A date of service of May 28, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 28, 2015, the applicant reported multifocal complaints of shoulder, elbow, wrist, neck, and low back pain. The applicant had undergone earlier failed cervical spine surgery and carpal tunnel release procedures at unspecified points in time. The applicant reported 8/10 pain without medications versus 4/10 pain with medications. The applicant was placed off of work, on total temporary disability. Norco, Lidoderm, Prilosec, and a repeat carpal tunnel release procedure were sought. The applicant was given a left wrist corticosteroid injection. The attending provider stated that Prilosec was being employed for GI upset but did not, however, state whether or not the applicant was personally experiencing symptoms of reflux in the subjective section of the note. It was not stated whether Prilosec was or was not effective at this point. On an RFA form dated July 29, 2015, Lidoderm patches, Norco, Prilosec, 12 sessions of physical therapy, and TENS unit were endorsed. In a June 25, 2015 progress note, the applicant reported multifocal complaints of low back, neck, wrist, elbow, and shoulder pain. 4/10 pain with medications versus 8/10 pain without medications was reported. The applicant was placed off of work, on total temporary disability, for an additional

two weeks, at which point the applicant was asked to return to work with a rather proscriptive 5-pound lifting limitation. It was not stated whether the applicant was or was not working with said limitation in place. Twelve sessions of physical therapy were sought. The applicant exhibited a positive Tinel and Phalen signs with decreased grip strength about the wrists on exam. The attending provider again renewed Lidoderm and Norco. The attending provider stated that he was prescribing Prilosec for GI upset but did not, once again, state whether or not the applicant had personally experienced symptoms of reflux. Nor did the attending provider state whether or not ongoing usage of Prilosec had proven effective in attenuating the same. On May 15, 2015, the applicant underwent a revision left carpal tunnel release procedure to ameliorate preoperative diagnosis of left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's progress notes of June 25, 2015 and May 28, 2015 made no mention of whether or not ongoing usage of Prilosec had or had not proven effective in attenuating issues with dyspepsia/GI upset. While the attending provider stated that Prilosec was being prescribed for GI upset, the attending provider made no mention of the applicant's personally experiencing issues with GI upset in the "Subjective" section of either note in question, nor did the attending provider state whether or not ongoing usage of Prilosec had or had not proven effective here. Therefore, the request was not medically necessary.

PT Right Hand Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the right hand was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy in question, in and of itself, represents treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuritis, i.e., the diagnosis reportedly present here. this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish prescriptions for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, clear treatment goals were not articulated. The attending provider sought authorization for a revision right carpal tunnel release surgery via an RFA form dated April 13, 2015, seemingly suggesting that he did not believe that further physical therapy could be beneficial here. The applicant's continuing complaints of wrist pain and paresthesias on June 25, 2015, coupled with the applicant's dependence on a variety of analgesic medications to include Norco, Lidoderm, etc., strongly suggested that the applicant had in fact plateaued in terms of the functional improvement parameters in MTUS 9792.20e with receipt of earlier unspecified amounts of physical therapy over the course of the claim for the right hand, the body part in question. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.