

Case Number:	CM15-0163175		
Date Assigned:	08/31/2015	Date of Injury:	01/31/2014
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38 year old right hand dominant female who sustained an injury on 1-31-14 resulting from repetitive pulling heavy machine parts and developed right arm pain. Initial treatment included activity modification, hand therapy, acupuncture, splinting, and cortisone injection. On 11-11-14 right carpal tunnel release and right lateral epicondylitis debridement and repair surgery was performed. X-rays, and EMG, NCV right upper extremities were done. Diagnoses include cervicalgia; lateral epicondylitis; carpal tunnel syndrome; and forearm pain. Medications include Naproxen 550 mg and Omeprazole 20 mg. The occupational therapy report from 7-27-15 documents the IW is unable to do most activities of daily living with right hand; 50% difficulty writing, eating, using a computer, cooking and washing herself; elbow and wrist pain is rated 8 out of 10; numbness in index and middle finger is rated 8 out of 10. An Initial Pain medicine evaluation was done on 7-9-15 reports the IW has difficulty with cutting her food, lifting a cup to her mouth, making a meal, typing a message on a computer, performing light housework, feeling what she touches and opening car doors. The examination of right wrist demonstrated 3 mm carpal tunnel incision; flexion limited to 30 degrees, extension limited to 20 degrees, ulnar deviation is 50% of norm as is the radial deviation; diminished loss of sensation to light touch over the palmar aspect and dorsal aspect of the hand. She is unable to perform any tasks over shoulder height. Work status is no use of the right upper extremity. Current request for multidisciplinary evaluation for functional restoration program (FRP); TENS evaluation and instruction for the right elbow; Lidocaine 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultidisciplinary evaluation for Functional Restoration Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (PRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: Based on the 07/09/15 progress report provided by treating physician, the patient presents with right elbow and right shoulder pain. The patient is status post right carpal tunnel release and right lateral epicondylitis debridement and repair 11/11/14. The request is for MULTIDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM. RFA dated 07/09/15 provided. Patient's diagnosis on 07/09/15 includes right lateral epicondylitis, right carpal tunnel syndrome and chronic pain. Physical examination of the right wrist demonstrated 3 mm carpal tunnel incision; flexion limited to 30 degrees, extension limited to 20 degrees, ulnar deviation is 50% of norm as is the radial deviation; diminished loss of sensation to light touch over the palmar aspect and dorsal aspect of the hand. Treatment to date has included imaging and electrodiagnostic studies, acupuncture, splinting, home exercise program, cortisone injection and medications. Patient's medications include Omeprazole and Naproxen. Work status not provided, though treater states "no use of the right upper extremity." MTUS, Functional restoration programs Section, pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Per 07/09/15 report, treater states "There are clinical findings consistent with hyperpathia, but no evidence of allodynia. The skin is taut and somewhat edematous. The exam is consistent with that of an individual who has very little function remaining in either her elbow or hand. In addition, she is unable to perform any tasks over shoulder height. Given the gravity of the situation and the fact that [the patient] is already one and a half years post injury, it is appropriate that she be referred to a functional restoration program." In this case, the patient continues with persistent chronic pain to the right upper extremity. The patient has had surgery, and failed conservative care. MTUS does support FRP if the criteria are met. This request for assessment to determine the patient's candidacy for functional restoration program appears reasonable. Therefore, the request IS medically necessary.

TENS evaluation and instruction for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: Based on the 07/09/15 progress report provided by treating physician, the patient presents with right elbow pain. The patient is status post right carpal tunnel release and right lateral epicondylitis debridement and repair 11/11/14. The request is for TENS EVALUATION AND INSTRUCTION FOR THE RIGHT ELBOW. RFA dated 07/09/15 provided. Patient's diagnosis on 07/09/15 includes right lateral epicondylitis, right carpal tunnel syndrome and chronic pain. Physical examination of the right wrist demonstrated 3 mm carpal tunnel incision; flexion limited to 30 degrees, extension limited to 20 degrees, ulnar deviation is 50% of norm as is the radial deviation; diminished loss of sensation to light touch over the palmar aspect and dorsal aspect of the hand. Treatment to date has included imaging and electrodiagnostic studies, acupuncture, splinting, home exercise program, cortisone injection and medications. Patient's medications include Omeprazole and Naproxen. Work status not provided, though treater states "no use of the right upper extremity." MTUS, Criteria for the use of TENS Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per 07/09/15 report, treater states "there are clinical findings consistent with hyperpathia, but no evidence of allodynia. The skin is taut and somewhat edematous. The exam is consistent with that of an individual who has very little function remaining in either her elbow or hand. In addition she is unable to perform any tasks over shoulder height." Treater has not provided reason for the request, nor indicated duration of evaluation period. There is no documentation of an intent to perform a 30-day trial or any indication that a TENS unit worked in the past. Were the request for a 30 day trial of the unit, the recommendation would be for approval. Since treater has not specified whether this is to be a 30 day rental or a purchase, and there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.

Lidocaine 5% Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the 07/09/15 progress report provided by treating physician, the patient presents with right elbow pain. The request is for LIDOCAINE 5% PATCH #30. RFA dated 07/09/15 provided. Patient's diagnosis on 07/09/15 includes right lateral epicondylitis,

right carpal tunnel syndrome and chronic pain. Physical examination of the right wrist demonstrated 3 mm carpal tunnel incision; flexion limited to 30 degrees, extension limited to 20 degrees, ulnar deviation is 50% of norm as is the radial deviation; diminished loss of sensation to light touch over the palmar aspect and dorsal aspect of the hand. Treatment to date has included imaging and electrodiagnostic studies, acupuncture, splinting, home exercise program, cortisone injection and medications. Patient's medications include Omeprazole and Naproxen. Work status not provided, though treater states "no use of the right upper extremity." MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch -Lidoderm-has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine -whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." Treater has not provided reason for the request. The patient presents with right elbow pain, for which Lidocaine patch would be indicated. However, MTUS requires recording of pain and function when medications are used for chronic pain (p60). Given the lack of discussion of how this topical product is used and with what efficacy in terms of decrease in pain and increase in function, otherwise unachieved without this product, this request cannot be warranted. Therefore, the request IS NOT medically necessary.