

Case Number:	CM15-0169839		
Date Assigned:	09/10/2015	Date of Injury:	03/08/2010
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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, Pain Management

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 53-year-old female, with a reported date of injury of 03-08-2010. The mechanism of injury was the result of a drill bit piercing her right index finger. She then developed pain in the neck, bilateral shoulders, bilateral arms, bilateral wrists and hands, and fingers. The diagnoses include cervical spine sprain and strain, bilateral upper extremity radiculopathy, bilateral shoulder sprain and strain, bilateral shoulder impingement syndrome, bilateral tennis elbow, and epicondylitis of the right elbow. Treatments and evaluation to date have included oral medications, including Naproxen (since at least 10-2014), and topical pain medications. The diagnostic studies to date have included a urine drug screen on 09-17-2014, 10-15-2014, 11-13-2014, 02-18-2015, 03-18-2015, and 07-23-2015; electrodiagnostic studies of the right upper extremity on 03-17-2015; an MRI of the left wrist on 11-03-2014 which showed a small cyst; an MRI of the right elbow on 11-03-2014 which showed tendinosis consistent with lateral epicondylitis and a sprain; an MRI of the right wrist on 11-03-2014 with unremarkable findings; an MRI of the left elbow on 11-03-2014 which showed a subchondral cyst in the mid aspect of the capitellum; an MRI of the left shoulder on 09-29-2014 which showed supraspinatus tendinosis, mild osteoarthritis of the acromioclavicular joint and mild subacromial and subdeltoid bursitis; an MRI of the cervical spine on 09-29-2014; and an MRI of the right shoulder on 09-29-2014. A progress report dated July 10, 2015 identifies subjective complaints of pain in the wrist and right elbow. The pain is increased with gripping and grasping activities and is rated as 9/10 with activities of daily living limitations. Medications reduces pain by 80%. Physical examination findings revealed tenderness over the right lateral at the condyle. A

progress report dated August 27, 2015 indicates that the patient continues to have upper extremity radicular pain. Electrodiagnostic studies will be requested to rule out cervical radiculopathy. The patient also has bilateral shoulder complaints. The note indicates that the patient has mildly improved after chiropractic care. No examination of the neck, shoulders, or upper extremities was identified. The doctor's first report dated 07-23-2015 indicates that the injured worker complained of continuous sharp, shooting, dull and aching pain in the neck, with radiation of pain to her shoulder blades, arms, and hands. She had numbness and tingling in her arms and hands. The injured worker also complained of frequent headaches, which she associated with her neck pain. The bilateral shoulder pain was rated 6 out of 10; and the bilateral hand, and wrist pain was rated 6 out of 10. On 04-14-2015, the injured worker rated her headaches, 7 out of 10; her neck pain, 8-9 out of 10; bilateral shoulder pain, 9 out of 10; bilateral elbow pain 7 out of 10; and her bilateral wrist pain, 7 out of 10. The objective findings include tenderness along the upper trapezius and paravertebral muscles; trigger points in the trapezius; tenderness along the bilateral acromioclavicular joints; positive bilateral impingement test and drop arm test; tenderness of the lateral epicondyle of the bilateral elbows and forearms; tenderness of the dorsal and volar structures of the bilateral wrists; evidence of carpal tunnel syndrome or tendinitis of the thumb; and positive Tinel's sign. The injured worker would return to modified duties. The treating physician requested Naproxen, functional capacity evaluation, an initial trial of 12 chiropractic sessions to the cervical spine and bilateral shoulders, and bilateral tennis elbow brace. There was documentation that the injured worker "had never had any chiro treatment." The request for authorization was dated 07-29-2015. On 08-11-2015, Utilization Review non-certified the request for Naproxen 550mg #1 due to no documentation of the number and frequency of the medication prescribed; Flurbiprofen-Capsaicin-Camphor-Menthol cream #1 no documentation of a tried and failed first-line therapy of antidepressants and anticonvulsants and no documentation of the injured worker's tolerance of these or similar medications to be taken on an oral basis; one baseline functional capacity evaluation due to no indication that the injured worker was at or close to maximum medical improvement and no evidence of failure of a previous return to work attempt to necessitate the request; twelve chiropractic treatments for the cervical spine and bilateral shoulders due to no documentation of symptomatic or functional improvement from previous chiropractic sessions and no clear documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications; and one bilateral tennis elbow brace since there were no definitive conclusions concerning the effectiveness of standard braces or splints of lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms &

cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it does appear that the patient's medication is reducing his pain. It is unclear how the medication is being used. And it seems like a typo with the current request being for #1 tablet. However, due to analgesic efficacy being documented, the currently requested naproxen #1 is medically necessary.

Flurbi/caps/camp/menthol cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Flurbi/caps/camp/menthol cream #1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbi/caps/camp/menthol cream #1 is not medically necessary.

Baseline FCE #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Prevention Chapter, Page 12.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

Chiropractic treatment to the cervical spine and bilateral shoulders #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Bilateral tennis elbow brace #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Elbow Chapter, Tennis Elbow Band.

Decision rationale: Regarding the request for bilateral tennis elbow brace, California MTUS and ACOEM do not contain criteria for this request. ODG states that tennis fans are recommended for epicondylitis. Within the documentation available for review, it appears the patient has tenderness the palpation over the lateral of the condyle and has undergone conservative treatment for that area. As such, the currently requested bilateral tennis elbow brace is medically necessary.

