

Case Number:	CM15-0188607		
Date Assigned:	09/30/2015	Date of Injury:	05/16/2002
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/24/2015

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 61-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of May 16, 2002. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Topamax, Celebrex, and home help for postoperative purposes. The claims administrator referenced an RFA form received on September 17, 2015 and an associated office visit of September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported ongoing complaints of low back, calf, neck, leg, knee, hip, and shoulder pain, exacerbated by standing, lifting, twisting, driving, and lying down. The applicant was on tramadol, promethazine, Effexor, Cymbalta, Norvasc, naproxen, Lasix, Synthroid, it was reported. Physical therapy and multiple medications were proposed. The claimant had undergone multiple knee, hip, shoulder, and ankle procedures over the course of the claim, it was reported. The claimant's work status was not clearly reported, although it did not appear that the claimant was working. On September 16, 2015, the applicant reported ongoing complaints of bilateral wrist pain. The attending provider stated that the applicant had undergone a trapeziectomy and carpal tunnel release procedure at an unspecified point in time. The applicant was not working and was receiving Workers' Compensation indemnity benefits, it was reported. The applicant had comorbidities including hypertension. The note was difficult to follow as it mingled historical issues with current issues. Laboratory testing, trazodone, Wellbutrin, Topamax, and Celebrex were renewed and/or continued. Home help was sought. The treating provider stated that the home help was being proposed for postoperative purposes but, once again, did not

explicitly state when the surgery in question transpired, although the attending provider stated that he was seeking home help owing to multifocal complaints of ankle pain, knee pain, back pain, etc. The attending provider suggested that the applicant had had a carpal tunnel release surgery and left A1 pulley release surgery in January 2014. Toward the top of the note, the attending provider stated that the applicant was pending recently approved carpal tunnel release surgery and trigger finger release surgery. On July 15, 2015, the attending provider sought authorization for a carpal tunnel surgery and A1 pulley release surgery. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 50mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

Decision rationale: No, the request for Topamax (topiramate), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is still considered for use when other anticonvulsants fail, 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 September 16, 2015 progress note did not establish clear or compelling evidence of medication efficacy. The applicant reported difficulty performing activities of daily living as basic as gripping, grasping, and repetitive motion involving the hands and digits. The applicant reported deteriorating pain complaints. The applicant was not doing any household chores. The applicant was collecting total temporary disability benefits, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Topamax (topiramate). Therefore, the request was not medically necessary.

Celebrex 200mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex can be considered in applicants who are at heightened risk for development of GI complications, this recommendation is likewise 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, the attending provider's September 16, 2015 office visit did not seemingly incorporate much discussion of medication efficacy insofar as Celebrex (or other agents) was concerned. The applicant remained off of work, it was reported on that date, was receiving temporary disability benefits. The applicant was having difficulty performing activities of daily living as basic as walking, gripping, grasping, and the like, it was reported on that date. The applicant was having difficulty performing basic household chores. The applicant's pain complaints were deteriorating, it was acknowledged on September 16, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Home Help for post operative, four to five hours a day for five days a week for three weeks:
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): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: Finally, the request for home help for postoperative purposes at a rate of 4-5 hours a day, 5 days a week, for 3 weeks was medically necessary, medically appropriate, and indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home help services are recommended only to deliver otherwise recommended medical treatment to applicants who are home bound and further state that assistance with activities of daily living such as cooking, cleaning, household chores, and the like do not constitute medical treatment, this recommendation is, however, contravened by a more updated Medical Treatment Guideline (MTG) in the form of ODGs chronic pain chapter home health services topic, which stipulates that home health services are recommended on a short-term basis following major surgical procedures or to provide in-home medical and/or domestic care services for individuals whose condition is such that they would otherwise require inpatient care. Here, the attending provider's September 16, 2015 progress note while, at times difficult to follow, did seemingly suggest that the request in question represented a request for postoperative home help services and assistance in performing chores following planned carpal tunnel and trigger finger release surgeries. The attending provider contended that the applicant had multiple pain generators to include chronic low back pain, knee arthritis status post total knee arthroplasty, ankle pain status post ankle surgery, etc., which would limit the applicant's ability to perform household chores in the immediate postoperative phase. Temporary provision of home health services on the order of the 3 weeks proposed was, thus, indicated. Therefore, the request was medically necessary.

