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| Case Number: | CM15-0029024 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 06/26/2014 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/07/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow and arm pain reportedly associated with complex regional pain syndrome (CRPS) of the left upper extremity following a traumatic industrial injury of June 26, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an elbow foreign body removal, exploration procedure, and debridement procedure; adjuvant medications; topical agents; a stellate ganglion block; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 7, 2015, the claims administrator failed to approve requests for physical therapy, baclofen, and a urine drug screen. The claims administrator referenced a January 27, 2015 progress note in the determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of elbow and forearm pain, burning in nature. The applicant was status post an elbow incision and debridement, wound repair, tendon repair, and foreign body removal procedure. The applicant was having difficulty flexing and moving his wrist. The attending provider stated that the applicant had had 24 sessions of physical therapy through this point in time. The applicant was, however, off of work, on total temporary disability. The applicant was still smoking five to six cigarettes a day. The applicant's medication list included baclofen, Lidoderm, Neurontin, and Aleve, it was acknowledged. The applicant was asked to continue Lidoderm patches, pursue additional physical therapy, discontinue Neurontin, and employ Pamelor for pain relief while seemingly remaining off of

work, on total temporary disability. In a handwritten occupational therapy progress note dated December 11, 2014 in one section of the note and December 23, 2014 in another section of the note, the applicant was described as off of work, on total temporary disability. Significant hand and wrist pain with associated stiffness were evident. Twelve additional sessions of occupational therapy were endorsed. In an earlier note dated December 30, 2014, the applicant again reported 6/10 burning elbow and forearm pain with associated paresthesias. The applicant was off of work, on total temporary disability, it was acknowledged on this occasion. The applicant's medication list included baclofen, Lidoderm, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99 of 127.

Decision rationale: No, the request for four additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant has already had prior treatment (24 sessions, per the attending provider's note of January 27, 2015), seemingly consistent with the 24-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for complex regional pain syndrome (CRPS), i.e., the diagnosis reportedly present here. While it is acknowledged that not all of these treatments necessarily transpired during the chronic pain phase of the claim, this recommendation is, however, 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. Here, however, the applicant was/is off of work, on total temporary disability. Significant wrist, elbow, forearm pain, stiffness, and paresthesias were evident on or around the date of the request. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of extensive prior physical therapy and occupational therapy. Therefore, the request for four additional sessions of physical therapy occupational therapy were not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off-label for neuropathic pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 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. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of baclofen. Ongoing complaints of pain in the 6-8/10 range were reported, despite ongoing usage of baclofen. The applicant continued to report difficulty with pain and paresthasias about the injured arm with associated difficulty using the same. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

Decision rationale: Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the Request for Authorization for testing, should clearly state what drug tests and/or drug panels he intends to test for, should attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and should attempt to conform to the best practices of the United States Department of Transportation (DOT). Here, however, the attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT). It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.