

Case Number:	CM15-0214970		
Date Assigned:	11/04/2015	Date of Injury:	08/10/2010
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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: Emergency 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 injured worker is a 52 year old female, who sustained an industrial injury on 8-10-10. The injured worker was diagnosed as having cervical radiculopathy, left shoulder impingement syndrome, bilateral lateral epicondylitis and left carpal tunnel syndrome. Subjective findings (6-25-15, 9-3-15) indicated cervical and thoracic spine, left shoulder, bilateral elbows and left wrist. The injured worker rated her pain 5-7 out of 10. Objective findings (6-25-15, 9-3-15) revealed decreased cervical and thoracic range of motion, tenderness to palpation in the bilateral wrists and decreased bilateral elbow range of motion. As of the PR2 dated 9-16-15, the injured worker reports pain in her cervical and thoracic spine, left shoulder, bilateral elbows and left wrist. She rates her pain 7-8 out of 10. Objective findings include a positive impingement test in the left shoulder, tenderness to palpation in the bilateral elbows and left wrist and muscle spasms in the cervical paravertebral muscles. Current medications include Protonix, Motrin and a topical compound cream. There is no documentation of suspected medication non-compliance or chronic disease medications that would require management. Treatment to date has included physical therapy for the bilateral wrists, extracorporeal shockwave therapy for the elbows and Naproxen. The Utilization Review dated 10-19-15, non-certified the request for a medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Stress-Related Conditions 2004, Section(s): Failure.

Decision rationale: The request is for medication consultation. If an injured worker continues to have pain that persists beyond the anticipated time of healing, without plans for curative treatment, such as surgical options, the chronic pain medical treatment guidelines apply. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. Functional recovery is often delayed because the cumulative effect of work and other issues has overwhelmed the patient's ability to cope. A number of techniques are available to teach coping skills, depending on the patient's specific needs and skill deficits. Many patients benefit from training in communications skills and assertiveness. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or a tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In regards to mood-related complaints that are impeding functional improvement, given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. In regards to the injured worker, there has been a protracted course of treatment with little medical improvement. While a primary treating physician can and should typically be able to manage the medication regimen of an injured worker, delayed recovery is a reason to seek the perspective of a pain management specialist in regards to medications. Therefore, the request as submitted for medication consultation is medically necessary at this time.