

Case Number:	CM15-0032131		
Date Assigned:	03/02/2015	Date of Injury:	10/05/2012
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/20/2015

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 49-year-old female who sustained an industrial injury on 10/05/2012. Diagnoses include impingement syndrome of the shoulder on the right with bicipital tendonitis, discogenic cervical condition with multilevel disc disease, cubital tunnel syndrome bilaterally, radial tunnel syndrome bilaterally, carpal tunnel syndrome bilaterally, carpometacarpal joint inflammation of the thumb bilaterally, Impingement syndrome along the shoulder on the left with moderate tendinopathy, biceps tendonitis and acromioclavicular joint wear noted, and stenosing tenosynovitis along the index finger and long finger on the right. Treatment to date has included medications, and injections. A physician progress note dated 01/08/2015 documents the injured worker has tenderness along the carpal tunnel and first extensor and weakness against resistance. She has a left carpal tunnel release scheduled in the near future. On 01/22/2015 it is documented the injured worker is in distress due to intense pain in the left wrist. She is unable to flex and extend the left wrist due to pain and swelling which is 1+ to 2+ in the left wrist. She also has tenderness in the left wrist as well as sensitivity to touch. She cannot make a fist in the left. Treatment requested is for Cervical Traction Unit with air bladder, Norco 10/325 mg Qty 90, and Tramadol ER (extended release) 150 mg Qty 30. On 01/28/2015 Utilization Review non-certified the request for Norco 10/325 mg Qty 90 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Cervical Traction Unit with air bladder was non-certified and cited was Official Disability Guidelines. Tramadol ER 150mg #30 was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, Traction (mechanical)ACOEM guidelines chapter:7, page 173 on C-spine traction.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for CERVICAL TRACTION UNIT WITH AIR BLADDER. The patient is scheduled to have carpal tunnel release surgery on 01/15/15. The patient is currently not working. MRI of the cervical spine from 07/10/14 revealed 3mm disc protrusion at C3-4 along with foraminal stenosis at C5-6 and mild central stenosis at C6-7. Regarding cervical traction unit, ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. However, ODG guidelines, under Neck Chapter, Traction, do support patient controlled traction units for radicular symptoms. "Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." ODG further states, "In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." In this case, the 11/19/14 progress report states, "the patient received cervical traction with air bladder and hot/ cold wrap at last visit." However, the patient does not present with a clear diagnosis of radiculopathy for which a traction unit may be indicated. MRI only shows small disc protrusion and the patient has non-specific radicular symptoms. Furthermore, ACOEM does not support traction. The request IS NOT medically necessary.

Norco 10/325 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for NORCO 10/325MG #90. The utilization review letter on 01/28/15

indicates that the patient has been utilizing Norco since at least 2013. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Tramadol ER (extended release) 150 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for NORCO 10/325MG #90. The utilization review letter on 01/28/15 indicates that the patient had utilized Tramadol. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.