

Case Number:	CM15-0044678		
Date Assigned:	03/17/2015	Date of Injury:	11/14/2014
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, Michigan

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 injured worker is a 48 year old female, who sustained an industrial injury on 11/14/2014. She reported repetitive motion causing injury to the neck, bilateral shoulders and bilateral wrists. The injured worker was diagnosed as having neck sprain/strain, hand and wrist tenosynovitis and unspecified disorder of the bursae and tendons of the shoulder region. Treatment to date has included wrist support and medication management. Currently, a progress note from the treating provider dated 1/5/2015 indicates the injured worker reported pain in the neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. The request for Physical therapy 12 sessions exceeds the guideline recommendations and is not medically necessary.

Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the injured worker has not met the above referenced criteria as described in the MTUS and therefore the request for interferential unit is not medically necessary.

BioniCare Knee System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic) / knee brace.

Decision rationale: Per the MTUS / ACOEM, functional bracing as part of a rehabilitation program is an option. Per the ODG, among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. However a review of the injured workers medical records do not show that bracing is part of a functional rehabilitation program and there is also no documentation of instability and without this information the request is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examination and Consultations Referral, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80.

Decision rationale: Per MTUS/ ACOEM "physicians need to find their comfort point and refer the situations that are beyond it. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations". However a review of the injured workers medical records did not reveal a rationale for the referral and without this information the request is not medically necessary.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records does not show documentation for on-going use of Opioids as recommended by the MTUS and without this documentation the request is not medically necessary.

Fexmid 7.5mg #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
Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. this medication is not recommended to be used for longer than 2-3 weeks. A review of the injured workers medical records reveal that she has been on cyclobenzaprine for longer than 3 weeks which is not consistent with the guideline recommendations, therefore based on the guidelines the request for Fexmid (cyclobenzaprine) 7.5mg is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for pain regarding Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / insomnia treatment.

Decision rationale: The MTUS / ACOEM did not address the use of Sonata therefore other guidelines were consulted. Per the ODG, Zaleplon (Sonata) reduces sleep latency, it has a short half-life (one hour) and may be re-administered upon nocturnal wakening provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. However a review of the injured workers medical records did not reveal any documentation of the injured workers response to the use of this medication and without this information medical necessity for continued use is not necessary.