

Case Number:	CM15-0046667		
Date Assigned:	03/18/2015	Date of Injury:	03/12/2007
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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, California
Certification(s)/Specialty: Family Practice

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 3/12/2007. Recently she reported bilateral neck pain with bilateral shoulder and elbow, and lower back pain, following discontinuation of Celebrex just days prior. The injured worker has been diagnosed with, and/or impressions were noted to include, bilateral frozen shoulder with shoulder pain; elbow pain; hand pain; myofascial pain; and depression. Treatments to date have included consultations; magnetic resonance imaging study; and medication management. It is noted that this injured worker has not worked since 2010. Recent history notes increased lower back pain due to sleeping in a hotel bed, increased left hand and thumb pain, and that treatments, denied by workman's comp, have been very helpful with decreasing symptoms she has been experiencing since 2008. The current complaints of pain are described as constant and fluctuate internally, and have been disrupting her ability to carry out activities of daily living such as combing her hair, due to grip pain and grip strength. Hand therapy was noted to be included in the recommended treatments. It is noted that non-steroidal anti-inflammatories create gastrointestinal reflux disease and increase asthma symptoms; Celebrex was noted to have been continued as it provided improvement of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refer to hand therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hand chapter and therapy - pg 28.

Decision rationale: According to the guidelines, hand therapy is recommended for up to 9 visits over 8 weeks. According to the MTUS guidelines, therapy is recommended in a fading frequency. In this case, the request was for 12 sessions of hand therapy. There is no indication why hand therapy cannot be completed at home. The 12 sessions of hand therapy are not medically necessary.

Skelaxin 800mg, qty 90 with 2 refills: 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 Skelaxin Page(s): 61.

Decision rationale: According to the guidelines, Skelaxin is recommended as a 2nd line treatment for short-term pain relief in those with chronic low back pain. In this case, the claimant's pain was chronic and the use of Skelaxin spanned several months. Continued and chronic use of Skelaxin is not medically necessary.

Tylenol #3 qty 60 with 2 refills: 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): 82-92.

Decision rationale: Tylenol #3 (containing codeine) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol #3 for several months in combination with Celebrex (NSAID). Although there was some improvement in function the pain scores remained high (8/10). There was no indication of failure of Tylenol without codeine. Continued use of Tylenol # 3 is not medically necessary.