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| Case Number: | CM15-0047603 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 08/06/2001 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: 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 59-year-old male, who sustained an industrial injury on 8/6/2001. He has reported repetitive motion creating pain to right arm, elbow and hand. The diagnoses have included right elbow arthrofibrosis, lateral epicondylitis, right upper extremity paresthesias and right elbow pain. Treatment to date has included medication therapy, physical therapy, and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, the injured worker complains of right elbow pain documented at 8-9/10 VAS associated with radiation of pain down right hand, numbness, tingling and aching. The physical examination from 2/18/15 documented reduced elbow Range of Motion (ROM), loss of sensation and pain with percussion over lateral epicondyle. The plan of care included requesting Transcutaneous Electrical Nerve Stimulation (TENS) replacement and medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has presented for an exacerbation of right elbow pain. The request for first line anti-inflammatory medication Naproxen is supported. The request for Naproxen 550 mg #60 is medically necessary.

UA tox screen, CBC, CRP, CPK,, Chem 8, hepatic/arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Public Resource on Clinical Lab Testing from The Laboratory Professionals Who Do The Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test, Opioids Criteria for use Page(s): 43, 75-78. Decision based on Non-MTUS Citation labtestsonline.org.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that the injured worker has issues of abuse, addiction, or poor pain control. In addition, according to labtestsonline.org, CMP is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. CK levels are tested if there is chest pain or other signs and symptoms of a heart attack. C-reactive protein (CRP) is a non-specific test used to detect inflammation. The complete blood count is used as a broad screening test to check for such disorders as anemia, infection. Erythrocyte sedimentation rate detects inflammation in the body and . Creatine kinase (CK) test may be used to detect inflammation of muscles (myositis). The basic metabolic panel (BMP) is used to check the status of a person's kidneys and their electrolyte and acid/base balance, as well as their blood glucose level. The medical necessity of the requested urine toxicology test and multiple laboratory studies is not supported. The medical records do not establish that the injured worker has medical conditions that would necessitate the requested studies.

TENS Unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive

conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The injured worker is not diagnosed with conditions that would support a Tens unit. Furthermore, the medical records indicate that the injured worker previously had a Tens unit. However, the medical records do not establish specific objective functional improvement from the prior use of the transcutaneous electrical nerve stimulation unit. The request for TENS Unit with supplies is not medically necessary.