

Case Number:	CM15-0050274		
Date Assigned:	03/24/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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:

This 50-year-old male sustained an industrial injury on 8/26/11. He subsequently reported bilateral shoulder, elbow and wrist pain. Diagnoses include bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, bilateral wrist tendinitis and bilateral shoulder tendinitis. Diagnostic testing has included nerve conduction studies and MRIs. Treatments to date have included TENS therapy, injections, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder, elbow and wrist pain. A request for Additional cognitive behavioral therapy 8 treatments, Transcutaneous electrical nerve stimulation (TENS) unit purchase bilateral upper extremities and Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral therapy 8 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 102 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: According to the guidelines, CBT is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) In this case, the claimant actually did not receive prior CBT. However, the guidelines recommend an initial 3-4 sessions to determine improvement and benefit. In this case, the request was for 8 treatments which exceed the initial trial period and is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit purchase bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (Transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses and the length of prior use was not specified. The request for purchase (indefinite use) of a TENS unit is not indicated and is not medically necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco 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 opioids for over 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary. The Norco was used in combination with Tramadol. There was no indication of weaning or failure of Tylenol for breakthrough pain. The continued use of Norco is not medically necessary.