

Case Number:	CM15-0050355		
Date Assigned:	03/23/2015	Date of Injury:	10/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
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: 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 25 year old male, who sustained an industrial injury on 10/30/2013. He reported falling from a ladder; he was diagnosed with radius and ulnar fracture. Diagnoses have included unspecified fracture of radius and ulna, upper end of forearm, closed. Treatment to date has included casting and medication. According to the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker complained of a pain level of 4 in the right wrist. He was not sure if he wanted surgery. He was not taking any medications. Physical exam revealed tenderness to palpation of the right wrist. The treatment plan was to await authorization for acupuncture. Prescriptions were given for Relafen, Neurontin and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with right wrist pain rated 4/10. The request is for UNKNOWN SESSIONS OF ACUPUNCTURE. The RFA provided is dated 03/23/15. Patient's diagnosis included unspecified fracture of radius and ulna, upper end of forearm, closed. The patient was to go back to modified duties but currently is not working due to a lay off. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Per progress report dated 08/11/14, treater had previously requested 6 sessions of acupuncture to reduce the residual pain. The medical records provided did not contain any information pertinent to the prior acupuncture sessions or any associated functional improvements following such therapies. Furthermore, the treater has failed to indicate the number of sessions currently being requested. Due to the limited information provided, the request cannot be considered to be in accordance with the guidelines. The request IS NOT medically necessary.

Neurontin 100mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The patient presents with right wrist pain rated 4/10. The request is for NEURONTIN 100MG #100. The RFA provided is dated 03/23/15. Patient's diagnosis included unspecified fracture of radius and ulna, upper end of forearm, closed. The patient was to go back to modified duties but currently is not working due to a lay off. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The rationale for the request is not provided. Patient's diagnosis included unspecified fracture of radius and ulna, upper end of forearm, closed. In review of medical reports, there are no documentations or discussions of subjective complaints or objective clinical findings confirming neuropathic pain or radiculopathy for which this medication is indicated. Therefore, the request IS NOT medically necessary.

Tylenol No. 3 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with right wrist pain rated 4/10. The request is for TYLENOL NO. 3 #60. The RFA provided is dated 03/23/15. Patient's diagnosis included unspecified fracture of radius and ulna, upper end of forearm, closed. The patient was to go back to modified duties but currently is not working due to a lay off. MTUS Guidelines page 60-61 state that before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. It appears that the patient is initiating opioid therapy with this prescription. MTUS requires functional assessment. The patient's pain is rated 4/10. The patient does not appear to be on any other opioids. Given the patient's chronic pain, a trial of opioids may be reasonable. For continued use, documentation regarding functional gains and the four A's must be provided per MTUS. The request IS medically necessary.