

Case Number:	CM15-0053588		
Date Assigned:	03/27/2015	Date of Injury:	10/12/2007
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 29-year-old male who reported an electrocution injury on 10/12/2007. The current diagnoses include right shoulder recurrent dislocation and instability, scapholunate disassociation, patellofemoral pain syndrome, facet capsular tear of the cervical and lumbar spine, radial styloid fracture, carpal tunnel syndrome, right rib fracture, and sternoclavicular trauma. The injured worker has been subsequently diagnosed with RSD involving the right upper extremity. On 02/25/2015, the injured worker presented for a follow-up evaluation with complaints of 7/10. The injured worker reported 60% improvement with the current medication regimen, including Gralise, Neurontin, Norco, Topamax, Wellbutrin, and Zanaflex. Upon examination, there was severe pain with any movement, topical allodynia on the entire right side of the body, contractures of the right upper extremity with a decrease in range of motion, contractures of the middle 2 digits of the right hand, severe increase in pain response to light touch and provocative maneuvers, severe pain with any range of motion of the fingers of the right hand, and worsening soft tissue swelling of the right upper extremity. Recommendations at that time included continuation of the current medication regimen as well as biopsychosocial program with [REDACTED]. A Request for Authorization form was then submitted on 03/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsychosocial program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. In this case, there was no documentation of an exhaustion of recent conservative treatment. There was also no documentation of an adequate and thorough multidisciplinary evaluation to include a psychological examination. Given the above, the request is not medically necessary.

Zanaflex 4mg #60 with 3 refills (prescribed 2-25-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, it was noted that the injured worker has continuously utilized the above medication. The guidelines do not support long-term use of this medication. The request for Zanaflex 4 mg with 3 refills would not be supported. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Prilosec 20mg #60 with 3 refills (prescribed 2-25-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Gralise ER 600mg #90 with 3 refills (prescribed 2-25-15): 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 and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state gabapentin is recommended for neuropathic pain. In this case, it was noted that the injured worker is currently utilizing gabapentin 600 mg. The medical necessity for the requested medication has not been established. In addition, the injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate.