

Case Number:	CM15-0058258		
Date Assigned:	04/06/2015	Date of Injury:	02/03/2004
Decision Date:	05/21/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on February 3, 2004. Diagnoses have included bilateral shoulder impingement, cervical spine strain/sprain with radiculopathy, De Quervain's tenosynovitis, carpal tunnel syndrome, lateral and medial epicondylitis, right cubital tunnel syndrome, and cervical spine disc protrusion. Treatment to date has included medications, wrist bracing, acupuncture, left carpal tunnel release, physical therapy, right shoulder surgery, and imaging studies. A progress note dated February 12, 2015 indicates a chief complaint of left elbow pain and left wrist pain. The injured worker presented for a follow up evaluation with complaints of exquisite pain in the left elbow. The injured worker reported mild relief of left wrist pain with the use of a brace. The injured worker was not interested in injections; however, was interested in acupuncture, as it had provided an improvement in symptoms in the past. The injured worker noted mild pain extending into the right shoulder, neck and elbow. It was noted that the injured worker reported an inability to hold onto objects and difficulty with fine motor type skills. Upon examination, there was tenderness along the left elbow with a positive Tinel's sign at the left wrist and tenderness along the carpal tunnel bilaterally. Recommendations at that time included continuation of Norco, Valium and Protonix. The injured worker was also issued a prescription for an elbow extension brace, carpal tunnel brace, acupuncture for the left upper extremity, and an in home TENS unit. A request for authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has continuously utilized Norco 10/325 mg since at least 03/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

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12 Sessions of acupuncture for the left elbow and left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 12 sessions of acupuncture exceeds guideline recommendations. As such, the request is not medically necessary.

1 TENS conductive garment for elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a non-invasive conservative option. In this case, there was no documentation of a successful 1 month trial with evidence of how often the unit is used as well as outcomes in terms of pain relief and function. Therefore, the current request is not medically appropriate at this time.