

Case Number:	CM15-0058661		
Date Assigned:	04/03/2015	Date of Injury:	01/31/2012
Decision Date:	06/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/27/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 53 year old male, who sustained an industrial injury on January 31, 2012. The diagnoses have included bilateral elbow medical epicondylitis with dynamic bilateral cubital tunnel syndrome, wrist flexor greater than extensor tendinitis, cervical spine strain, bilateral upper extremity radiculitis, thoracic sprain/strain, lumbar sprain/strain with right lower extremity radiculitis, mild lumbar degenerative disc disease, bilateral shoulder sprain/strain, anxiety, and depression. Treatment to date has included medications, radiological studies, psychiatric evaluation, physical therapy, electrodiagnostic studies, shockwave therapy, home exercise program, bilateral wrist surgery, and right shoulder surgery. The injured worker presented on 01/30/2015 for a follow-up evaluation with complaints of persistent left shoulder pain. The physician progress note was handwritten and mostly illegible. The examination of the left shoulder revealed tenderness to palpation. The treating physician recommended shockwave therapy for the right elbow and continuation of the current medication regimen of trazodone, Norco, Anaprox, and Zanaflex. The injured worker was also issued a prescription for Imitrex. The physician indicated the prior use of Fioricet was not beneficial. The injured worker was instructed to follow-up with the psychologist. A Request for Authorization form was submitted on 02/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG #60: Upheld

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

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 the above medication for an unknown duration. There was no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, this request is not medically necessary.

ANAPROX DS 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no indication that the injured worker was suffering from an acute exacerbation of chronic pain. The physical examination was handwritten and mostly illegible in this case. The guidelines do not recommend long term use of NSAIDs. There was also no frequency listed in the request. As such, this request is not medically necessary.

ZANAFLEX 2 MG #120: Upheld

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

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 nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no

documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for a muscle relaxant has not been established in this case. The guidelines do not recommend long term use of muscle relaxants. There was no frequency listed in the request. As such, this request is not medically necessary.

NEURONTIN 300MG #180: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend Neurontin for neuropathic pain. In this case, 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, this request is not medically necessary.

IMITREX 50 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. The injured worker does not maintain a diagnosis of migraine headaches. Although it was noted that the injured worker had tried and failed treatment with Fioricet, the medical necessity for the requested medication has not been established in this case. There was also no frequency or quantity listed in the request. As such, the request is not medically necessary.

EXTRACORPOREAL SHOCKWAVE THERAPY FOR RIGHT ELBOW OF 3 SESSIONS 1X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state quality studies are available on extracorporeal shock wave therapy in acute, subacute, and chronic lateral epicondylitis. However, this option is moderately costly and has short term side. Thus, there is a recommendation against using extracorporeal shock wave therapy. As such, the current request

cannot be determined as medically appropriate at this time. In addition, there was no evidence of objective functional improvement following the initial course of treatment. Given the above, this request is not medically necessary.