

Case Number:	CM15-0075704		
Date Assigned:	04/27/2015	Date of Injury:	07/04/2005
Decision Date:	08/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York
Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 7/4/05. The mechanism of injury is unclear. She currently complains of pain to the bilateral upper extremities. She has difficulty sleeping due to pain. She has spasms in her hand and arm with color change, temperature change, hyperthridosis and increased pain in the right hand. Medications are Norco, Soma, tizanidine, trazadone, Tramadol, Zyrtec and Zorvolex. Medications do not eliminate pain but enable her to function with activities of daily living such as self-care. Diagnoses include depressive disorder; adhesive capsulitis of the shoulder; anxiety state; synovitis/ tenosynovitis of the hand. Treatments to date include physical therapy, acupuncture, and home exercise program for pain management. In the progress noted dated 4/7/15 the treating provider's plan of care included requests to refill Norco, Tramadol, Zorvolex. In addition there was recommendation for theracane, foam roll as recommended by physical therapy and Utilization Review notes foam mattress as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zorvolex (diclofenac).

Decision rationale: Zorvolex is a brand name form of Diclofenac, an anti-inflammatory, used for the treatment of mild to moderate acute pain in adults. ODG does not recommend Zorvolex as first-line choices due to potential increased adverse effects, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events (such as acute renal failure). This medication is also more expensive than other NSAIDs (non-steroidal anti-inflammatory drugs) that are available as generics. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant functional improvement on current medication regimen. The medical necessity for ongoing use of Zorvolex has not been established. The request for Zorvolex is not medically necessary per guidelines.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. The injured worker complains of chronic bilateral upper extremity pain. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 50mg #90 is not medically necessary.

Norco 10/325mg #130: 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): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use

of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic bilateral upper extremity pain. Documentation fails to demonstrate adequate improvement in level of function to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #130 is not medically necessary.

Therapeutic foam mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment, CA LABOR CODE SECTION 4600-4614.1.

Decision rationale: According to Labor Code 4600, Medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. Such services may include nursing, medications, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Documentation fails to demonstrate that the use of the durable medical equipment under review serves a medical need. The request for a Therapeutic foam mattress is not medically necessary by guidelines.

Theracane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Exercise, Knee Chapter, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be

considered medical treatment as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The injured worker complains of bilateral upper extremity pain. Physician report at the time of the requested supply under review indicates the recommendation for incorporating self-massage into the injured workers home exercise program. Documentation fails to demonstrate that the use of a Theracane serves a medical need. The request for Theracane is not medically necessary by guidelines.

Foam roll: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Exercise, Knee Chapter, Durable Medical Equipment.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. While a home exercise program is recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships, health clubs, swimming pools, athletic clubs, etc, or advanced home exercise equipment would not generally be considered medical treatment as they are unsupervised programs and there is no information flow back to the treatment provider. ODG recommends Durable Medical Equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The injured worker complains of bilateral upper extremity pain. Physician report at the time of the requested supply under review indicates the recommendation for incorporating self-massage into the injured workers home exercise program. Documentation fails to demonstrate that the use of a Foam roll serves a medical need. The request for Foam roll is not medically necessary by guidelines.