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| Case Number: | CM15-0080640 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 10/13/2013 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: 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 (IW) is a 63-year-old male who sustained an industrial injury on 10/13/2013. Diagnoses include other enthesopathy of the elbow region, other postsurgical status, other, lesion of ulnar nerve, carpal tunnel syndrome, and medial epicondylitis of the elbow. Treatment to date has included medications, physical therapy, left wrist surgery, chiropractic treatment. According to the PR2 dated 3/12/15, the IW reported constant left hand pain rated 8/10 which radiated up his arm to his elbow and occasionally the shoulder. The pain was aggravated by grasping, gripping and movement. On examination, notable findings included positive Tinel's and Phalen's signs at the bilateral wrists, decreased strength and sensation at the left elbow, with tenderness to palpation and swelling at the medial epicondyle. X-ray of the left wrist on 2/25/15 showed osteoarthritis. Electrodiagnostic testing of the bilateral upper extremities on 3/4/15 was consistent with significant cubital tunnel syndrome on the left side and mild to moderate carpal tunnel syndrome on the right. A request was made for Tylenol #3, #30 one tablet at bedtime as needed for pain (the IW agreed to wean); Gabapentin 300 mg, #60; MRI of the left elbow, and referral to a psychiatrist for depression, anxiety, and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60-61, 76-78, and 88-89.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with left hand pain rated 8/10, that radiates up arm to elbow and occasionally to shoulder. The patient is status post left carpal tunnel release October 2014. The request is for Tylenol #3 #30. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes enthesopathy of elbow, lesion of ulnar nerve, carpal tunnel syndrome, and depression. Physical examination to the left elbow on 03/12/15 revealed tenderness to palpation and swelling to medial epicondyle and decreased strength and sensation. Treatment to date has included physical therapy, chiropractic, and medications. Patient's medications include Gabapentin and Tylenol #3. The patient is off-work, per 03/19/15 report, and remains temporarily totally disabled, per 02/25/15 QME report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states that function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Tylenol #3 has been included in patient's medications per progress reports dated 12/18/14, 01/22/15, and 03/19/15. It is not known when Tylenol #3 has been initiated. In this case, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 11/04/14 was provided. Treater states in 12/18/14 report that the injured worker had a UA toxicology screen but there are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 and 19.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with left hand pain rated 8/10, that radiates up arm to elbow and occasionally to shoulder. The patient is status post left carpal tunnel release October 2014. The request is for Gabapentin 300mg #60. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes enthesopathy of elbow, lesion of ulnar nerve, carpal tunnel syndrome, and depression. Physical examination to the left elbow on 03/12/15 revealed tenderness to palpation and swelling to medial epicondyle with decreased strength and sensation. Treatment to date has included physical therapy, chiropractic, and medications. Patient's medications include Gabapentin and Tylenol #3. The patient is off-work, per 03/19/15 report, and remains

temporarily totally disabled, per 02/25/15 QME report. MTUS has the following regarding Gabapentin on pages 18 and 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." Gabapentin has been included in patient's medications, per progress reports dated 02/09/15 and 03/19/15. Per QME report dated 02/25/15, the patient has taken Gabapentin at least since 06/17/14, Given patient's symptoms and diagnosis, Gabapentin would appear to be indicated. However, the treater has not provided medical rationale for the request, nor discussed medication efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Therefore, the request is not medically necessary.

MRI Left Elbow: Overturned

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) Elbow (acute & chronic), MRI's.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with left hand pain rated 8/10, that radiates up arm to elbow and occasionally to shoulder. The patient is status post left carpal tunnel release October 2014. The request is for MRI of the left elbow. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes enthesopathy of elbow, lesion of ulnar nerve, carpal tunnel syndrome, and depression. Physical examination to the left elbow on 03/12/15 revealed tenderness to palpation and swelling to medial epicondyle, and decreased strength and sensation. Treatment to date has included physical therapy, chiropractic, and medications. Patient's medications include Gabapentin and Tylenol #3. The patient is off-work, per 03/19/15 report, and remains temporarily totally disabled, per 02/25/15 QME report. ODG guidelines, Elbow (acute & chronic) and MRI's, recommend the imaging studies when there is chronic elbow pain, suspect chronic epicondylitis; or plain films nondiagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (Mays, 2008). Per progress 03/19/15 report, treater states medial Epicondylitis of Elbow, chronic. Additional work-up required. An MRI can help the treater plan future treatments. ODG guidelines support MRI's in patient with chronic elbow pain, which the patient does present with. Provided medical records do not indicate prior MRI of the left elbow. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Referral to Psychiatrist: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, under Psychological treatment and Other Medical Treatment Guidelines ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with left hand pain rated 8/10, that radiates up arm to elbow and occasionally to shoulder. The patient is status post left carpal tunnel release October 2014. The request is for referral to psychiatrist. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes enthesopathy of elbow, lesion of ulnar nerve, carpal tunnel syndrome, and depression. Physical examination to the left elbow on 03/12/15 revealed tenderness to palpation and swelling to medial epicondyle and decreased strength and sensation. Treatment to date has included physical therapy, chiropractic, and medications. Patient's medications include Gabapentin and Tylenol #3. The patient is off-work, per 03/19/15 report, and remains temporarily totally disabled, per 02/25/15 QME report. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ODG-TWC, Chronic Pain Chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate)." The guidelines recommend in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per 03/19/15 report, treater states "I recommend a consultation with a qualified psychiatrist. Referral reason is depression, anxiety and chronic pain. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms and diagnosis, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.