MAXIMUS Federal Services

Case Number:	CM15-0235077		
Date Assigned:	12/10/2015	Date of Injury:	09/30/2003
Decision Date:	01/15/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/01/2015

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: Massachusetts
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 55-year-old male with an industrial injury date of 08-30-2003. Medical record review indicates he is being treated for left lateral epicondylitis, left cubital tunnel syndrome, left carpal tunnel syndrome and rule out left reflex sympathetic dystrophy. The treatment note dated 11-18-2015 does not indicate subjective complaints. Objective findings are documented as no tenderness and swelling noted over the extensor or flexor mass or radial head. Tenderness was noted over both left medial and lateral epicondyle. Documentation notes there are normal muscle bulk, tone and strength in the distribution of cervical 6-7 with a weak grip due to pain. Increased sensation to light touch was noted in the left hand digits. Normal color, temperature and texture of the skin were noted. Current medications included Gabapentin and Nclarificationorco. On 11-23-2015 the request for consultation with pain management as related to submitted diagnosis of sympathetic dystrophy syndrome left upper extremity was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation with pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2003 when, while removing a hook from a forklift, he had left elbow and hand pain. In April 2004, he underwent a left carpal tunnel release and left elbow tendon repair. He had improvement in numbness but had ongoing pain. He had physical therapy and medication. When seen in September 2015 medications had included Norco 10/325 mg and Neurontin at a dose of 2400 mg. He had pain rated at 8/10. Physical examination findings included positive Tinel's testing at the left elbow. There was decreased grip strength due to pain. There was increased left hand sensation to light touch. The assessment references diagnoses of left cubital and carpal tunnel syndrome, lateral epicondylitis, and ruled out RSD. Norco 5/325 mg #120 and gabapentin at 1200 mg per day were prescribed. In November 2015, he had received the gabapentin but the Norco had been denied. Physical examination findings were unchanged. Authorization is being requested for a pain management evaluation. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has chronic left upper extremity pain. Norco was requested when he was having moderate to severe pain but was denied. Current medications are gabapentin at a dose of 1200 mg per day and he had previously been receiving a higher dose of 2400 mg per day. He has not had an adequate assessment of the Budapest criteria for CRPS. A pain management consultation would be expected to include an assessment for CRPS, which, regardless of the result, could be used to guide treatments. A higher dose of gabapentin might be recommended as well as additional testing such as nerve condition studies. The request is appropriate and medically necessary.