

Case Number:	CM14-0128501		
Date Assigned:	09/29/2014	Date of Injury:	08/26/2013
Decision Date:	11/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old woman who sustained a work-related injury on the August 26, 2013. Subsequently, she developed bilateral upper extremities pain and numbness. According to a progress report dated on January 22, 2014, the injured worker was complaining of ongoing numbness and tingling in her ring and small finger and occasionally in her thumb and dexamethasone of numbness and tingling in her ring and small finger and occasionally in her thumb and index and middle finger. Her symptoms improved with splinting. Her physical examination demonstrated positive Tinel's over the cubital tunnel and positive elbow flexion test, reduced sensation to light touch and 2 point discrimination all aspects of the ring finger. The injured worker was diagnosed with bilateral cubital tunnel syndrome and mild carpal tunnel syndrome. Her EMG testing performed on March 19, 2014 demonstrated bilateral carpal tunnel syndrome and bilateral ulnar neuropathy and possible bilateral pronator syndrome. According to another progress report dated on June 18, 2014, the injured worker was complaining of chronic neck pain and right upper extremity pain with weakness. The physical examination demonstrated cervical tenderness, cervical compression test was positive bilaterally. The injured worker was diagnosed with the cervical strain, headaches, medial epicondylitis, cubital tunnel syndrome and carpal tunnel syndrome. The provider request is authorization for consultation for pharmaceutical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for Pharmaceutical Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 2ND Edition, 2004 Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Early Intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. There is no clear documentation that the injured worker needs a pharmaceutical management evaluation as per MTUS criteria. Even the pain medications used to treat the injured worker were not reported. There is no documentation on the effect of pain medications used to treat the injured worker. There is no clear documentation that the injured worker had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a pharmaceutical management specialist. Therefore, the request for Consultation for Pharmaceutical Management is not medically necessary.