

Case Number:	CM14-0162998		
Date Assigned:	10/08/2014	Date of Injury:	05/13/2010
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 57-year-old with a reported date of injury of 10/01/2008, 1/1/1989 to 10/12/2010 and 05/13/2010. The injured worker has the diagnoses of bilateral forearm/wrist flexor and extensor tendonitis with left de Quervain's and left dynamic carpal tunnel syndrome, status post right carpal tunnel release and right de Quervain's release, bilateral elbow medial and lateral epicondylitis and extensor tendonitis, bilateral shoulder periscapular strain/bursitis, impingement/tendonitis, cervical sprain/strain, upper extremity radiculitis, headache, cervical bilateral neuroforaminal stenosis, right rotator cuff tendonitis and subacromial narrowing, lumbar sprain/strain, right leg radiculopathy, lumbar degenerative disc disease and fibromyalgia. Per the most recent progress notes provided for review by the primary treating physician dated 08/22/2014, the injured worker had complaints of bilateral upper extremity pain that was worse with activity. The physical exam noted tenderness to palpation over the flexor and extensor tendons of the wrists and medial and lateral epicondyle. There was a positive Phalen's and Tinel's test. Treatment plan recommendations included request for a TENS unit, home health care and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes & Wires for TENS Unit QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

Decision rationale: The California chronic pain medical treatment guidelines section on TENS therapy states:TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. TENS therapy is not recommended for primary treatment. It is recommended for a one-month trial period and then to be used in adjunct to a program of evidence based functional restoration. The injured worker is currently using a TENS unit but there is no evidence or documentation that it is being used in conjunction with a program of functional restoration program. In the absence of this, criteria have not been met per the California MTUS. Therefore the request for Electrodes & Wires for TENS Unit QTY 1 is not medically necessary.

Home Health Care 4 hours per day, 3 Days QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

Decision rationale: The California chronic pain medical treatment guidelines section on home health services states:Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Per the progress notes, the home health is recommended to help with cleaning, shopping and doing laundry. This is not a recommended service per the California MTUS as outlined above. Therefore the request for Home Health Care 4 Hours per Day 3 Days QTY 12 is not medically necessary.

Norco 5/325 QTY: 60: 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): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. There is no documented significant improvement in VAS scores on the medication. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request for Norco 5/325 QTY 60 is not medically necessary.

Motrin 800mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 67-69.

Decision rationale: The California chronic pain medical treatment guideline section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs

and COX-2 NSAIDs in terms of pain relief. There is no evidence of long-term effectiveness for pain or function. This medication is recommended at the lowest possible dose for the shortest period of time. The duration of "shortest period of time" is not defined in the California MTUS. The patient has no mentioned cardiovascular, renovascular or gastrointestinal side-effects or risk factors. The dosage prescribed is at the maximum recommended dose per the California MTUS which is usually reserved for rheumatoid arthritis, severe osteoarthritis or ankylosing spondylitis. The patient does not have any of these diagnoses. Therefore criteria for the dug use have not been met and the request for Motrin 800mg QTY 120 is not medically necessary.

Random Urine Drug Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids when there are issues of abuse, addiction or poor pain control. The patient is currently on a prescribed opioid. The use of urine drug screens in conduction with this medication is recommended per the California MTUS. Therefore the request Random Urine Drug Test is medically necessary.