

Case Number:	CM14-0182663		
Date Assigned:	11/07/2014	Date of Injury:	01/09/2004
Decision Date:	12/15/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45-year-old female with a date of injury of 01/09/2004. The listed diagnoses are: 1. Impingement syndrome of the shoulder on the left, status post decompression, distal clavicle excision with second surgery to do manipulation for paresthesia. 2. Cubital tunnel syndrome on the left, status post release. 3. Carpal tunnel syndrome on the right, status post release. 4. Epicondylitis. 5. Wrist joint inflammation. 6. Cervical strain. The medical file provided for review does not include the date of patient's prior surgeries. It appears to be prior to 11/26/2013 as this progress report does not indicate recent surgery. According to progress report 09/05/2014, the patient presents with numbness and tingling in the hands as well as weakness. The treater states that he has requested additional physical therapy 12 sessions with no response. She is currently taking medications to be functional and she is requesting refill of medications. Examination revealed tenderness along the cervical paraspinal muscle, trapezius, and shoulder girdle bilaterally. Positive impingement sign was noted. There was tenderness along the medial greater than lateral epicondyle bilaterally. There is tenderness along the forearm bilaterally, wrist CMC, first extensor and mild tenderness along the carpal tunnel. The treater is requesting an MRI of the left elbow, physical therapy and refill of medications. Utilization review denied the request on 10/03/2014. Treatment reports from 12/27/2013 through 09/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI

Decision rationale: This patient presents with bilateral shoulders, bilateral elbows, and bilateral wrists pain. The treater is requesting MRI of the left elbow. The ODG Guidelines has the following regarding MRI of the elbow, "recommended as indicated below." Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or medium nerve, and for masses about the elbow joint." The medical file provided for review does not indicate that an MRI of the elbow has been provided in the past. In this case, there are no significant objective findings of the left elbow, but given the patient's complaints of bilateral tenderness along the medial and lateral epicondyle, an MRI for further investigation may be warranted. ODG allows for an MRI for various different diagnoses of the elbow. Treatment is medically necessary and appropriate.

Physical therapy for the wrist, quantity 8: 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 physical medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral shoulder, elbows, and wrist complaints. The treater is requesting physical therapy for the wrist, quantity #8. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes no physical therapy progress reports. Report 12/31/2013 made a request for 12 sessions of physical therapy. On 08/07/2014, the treater requested 6 sessions of PT and on 05/14/2014, the treater requested "additional physical therapy 12 sessions." It is unclear how many sessions the patient has received thus far. It does appear the patient has had a recent course of physical therapy as the treater, in his 09/05/2014 report, requests for "additional" physical therapy sessions. In this case, the treater's request for 8 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater provides no discussion as to why the patient would not be able to transition into a self-directed home exercise program. Treatment is not medically necessary and appropriate.

Tylenol 4, # 120: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with bilateral shoulder, elbow, and wrist complaints. The treater is requesting a refill of Tylenol No. 4 #120. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. Review of the medical file indicates the patient has been taking Tylenol #4 for pain since at least 12/31/2013. The treater states in his 04/04/2014 report that the patient's pain level is between 6-7/10 without medication, and down 3-4/10 with medications. Report 08/07/2014 notes that the patient is not working and receiving Social Security Disability and she is able to do some chores such as making bed, washing dishes, and light cooking. In this case, recommendation for further use of Tylenol #4 cannot be supported as the treater does not provide discussion regarding adverse side effects and possible aberrant behaviors as required by MTUS. There is no documentation of Urine Drug Screens or CURES report either. Given the lack of sufficient documentation for opiate management, treatment is not medically necessary and appropriate.

Gabapentin 800 mg. # 90: Overturned

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 gabapentin Page(s): 18, 19.

Decision rationale: This patient presents with bilateral shoulder, elbow, and wrist complaints. The treater is requesting Gabapentin 800 mg #90. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered the first line of treatment for neuropathic pain." The treater states that with medications, the patient's pain is decreased from 7/10 to 3-4/10. Given the patient has a decrease in pain with current medications which includes Gabapentin, treatment is medically necessary and appropriate.

Flexeril 7.5 ,g # 60: 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 muscle relaxants Page(s): 63, 64.

Decision rationale: This patient presents with bilateral shoulder, elbow, and wrist complaints. The treater is requesting gabapentin 800 mg #90. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Review of the medical file indicates the patient has been prescribed this medication since at least 12/31/2013. Given that this medication has been prescribed for long-term use, treatment is not medically necessary and appropriate.

LidoPro lotion: 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 Topical analgesics Page(s): 111.

Decision rationale: This patient presents with bilateral shoulder, elbow, and wrist complaints. The treater is requesting LidoPro lotion. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Treatment is not medically necessary and appropriate.

Naproxen 550mg # 60: Overturned

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 Medications for chronic pain Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This patient presents with bilateral shoulder, elbow, and wrist complaints. The treater is requesting naproxen 550 mg #60. For antiinflammatory medications, the MTUS Guidelines page 22 states, "Antiinflammatories are the traditional first-line of treatment to reduce the pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS also supports oral NSAID for chronic low back pain. Review of the medical file indicates the patient has been utilizing this medication since at least 12/31/2014. The treater states that with medications, the patient's pain is decreased from 7/10 to 3-4/10. Given this medication's efficacy, treatment is medically necessary and appropriate.