

Case Number:	CM14-0214826		
Date Assigned:	01/07/2015	Date of Injury:	04/21/2014
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Florida

Certification(s)/Specialty: Family Practice

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 33-year-old male who sustained a work related injury on 4/21/2014. The mechanism of injury is described as cumulative trauma to the right forearm and wrist on the utilization reviewer's summary. However, documentation provided specifically states that this patient was bitten by a pitbull dog on 4/21/2014, and specifically denied any history of prior cumulative trauma per a primary treating physician noted signed by [REDACTED]. He was treated with a course of Augmentin following the incident. He had a negative work up for carpal tunnel syndrome, including a negative EMG study. Prior treatment has consisted of 7 physical therapy treatments and medications. He is currently employed, and is not on disability. A utilization review physician did not certify requests for an MRI of the right wrist, additional physical therapy, a TENS unit, and prescriptions for Naproxen, Motrin, and Prilosec. An independent medical review has now been requested to determine the medical necessity of the requested items.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand Complaints Page(s): 253-280, specifically pages 268-270..

Decision rationale: According to California MTUS guidelines, "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." This patient has had chronic pain in his right wrist since sustaining a dog bite injury. An MRI is appropriate to examine for further injuries that might not be apparent on plain film studies - tendon injuries for instance, among other possibilities. This request is considered medically necessary and appropriate.

Physical therapy 2-3 times a week for 6 weeks for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133..

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has previously had physical therapy, but now his physician is requesting an additional 2-3 x 6 sessions. There is no documentation of a failed home exercise program, and no compelling rationale that has been presented to justify additional physical therapy treatments. Likewise, this request is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117..

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1.Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration.2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed- A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial3. Other ongoing pain treatment should also be documented during the trial period including

medication usage⁴. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted⁵. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. There is also not any documentation of a 1 month TENS unit trial with documentation of objective functional benefit. Likewise, this request for a TENS unit rental is not medically necessary.

Naproxen 550mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66..

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Omeprazole 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69..

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated." Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole is not medically necessary.

Ibuprofen 800mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Page(s): 64, 102-105, 66..

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Ibuprofen is not medically necessary.