

Case Number:	CM14-0058600		
Date Assigned:	07/09/2014	Date of Injury:	07/23/2003
Decision Date:	07/07/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports Medicine

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 54-year-old female with an industrial injury dated 05/29/2002. Her diagnoses included lateral epicondylitis, medial epicondylitis, pain in joint of upper arm and chronic pain syndrome. Prior treatment included elbow surgery, carpal tunnel surgery, hot/cold wrap, braces, TENS unit, nerve blocks, physical therapy, acupuncture and medications. She presents on 03/21/2014 with complaints of left upper extremity pain and right upper extremity pain. She rated the pain as 8/10. The pain is characterized as aching and radiates to the left elbow, right elbow and right thigh. Quality of sleep was poor and she had been experiencing depressive symptoms. Right elbow was tender to palpation. There was pain with range of motion. Left elbow joint revealed swelling with tenderness to palpation over the lateral epicondyle and medial epicondyle. Range of motion was painful with extension, flexion, supination and pronation. Treatment plan included a request for medications to include a topical analgesic, anti-inflammatory medication, muscle relaxant and pain medication. Acupuncture was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The request exceeds the recommended amount of Acupuncture recommended. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is not medically necessary to the patient at this time.

1 prescription of Mentherm Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Mentherm. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Mentherm as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Mentherm is not medically necessary.

1 prescription of Naproxen Sodium 550mg #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 (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. The patient has been on this medication for over three years, with lack of documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines; Naproxen is not medically necessary to the patient at this time.

1 prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not medically necessary to the patient at this time.

1 prescription of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Soma is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Soma requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines; Soma is not medically necessary to the patient at this time.