

Case Number:	CM15-0010583		
Date Assigned:	01/28/2015	Date of Injury:	07/02/2002
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 44-year-old male sustained a work-related wrist sprain on 07/02/2002. Diagnoses as per the PR2 dated 12/10/2014 include sprain/strain of elbow/arm unspecified, carpal tunnel syndrome and trigger finger. Previous treatments include oral medications; these caused stomach upset. The treating provider requests [REDACTED] weight loss program, Ibuprofen cream 10% 60 Gm, Norco 5/500 mg #60, office/outpatient visit--initial psych evaluation with [REDACTED] including psych testing and biofeedback. The Utilization Review on 12/23/2014 non-certified the [REDACTED] loss program, citing Aetna's Clinical Policy Bulletin and Ibuprofen cream 10% 60 Gm, citing CA MTUS Chronic Pain Medical Treatment Guidelines. The request for Norco 5/500 mg #60 was modified as no refills, and the office/outpatient visit--initial psych evaluation with [REDACTED] including psych testing and biofeedback was modified to exclude the biofeedback; sources cited were CA MTUS Chronic Pain Medical Treatment Guidelines and 'Opioid Therapy for Chronic Pain' by Jane C. Ballantyne, MD and Jianren Mao, MD, Ph.D. from http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 07/02/2002. The medical records provided indicate the diagnosis of sprain/strain of elbow/arm unspecified, carpal tunnel syndrome and trigger finger. Previous treatments include oral medications; these caused stomach upset. The medical records provided for review do not indicate a medical necessity for Norco 5/500mg #60. The records indicate the injured worker has been taking opioids since 2011, but the most recent report indicates worsening symptoms, despite being on opioid. The MTUS recommends against the use of opioids for more than 70 days due to lack of studies on treatment of chronic pain beyond 70 days. Also, the MTUS recommends discontinuing opioids if there is no improvement in pain and function or if the patient has not returned to work.

Office/outpatient visit -- initial psych evaluation with [REDACTED] including psych testing and biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25, 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The injured worker sustained a work related injury on 07/02/2002. The medical records provided indicate the diagnosis of sprain/strain of elbow/arm unspecified, carpal tunnel syndrome and trigger finger. Previous treatments include oral medications; these caused stomach upset. The medical records provided for review do not indicate a medical necessity for initial psych evaluation with [REDACTED] including psych testing and biofeedback. The MTUS does not recommend biofeedback except if it is done in conjunction with Cognitive Behavioral therapy. Also, the MTUS recommends that the patient must be highly motivated, and approval must be given-only when requested by such a patient, but not adoption for use by any patient. Therefore, although it is medically necessary and appropriate to refer this injured worker with chronic pain, depression and anxiety, and on long term treatment with opioids for psychological evaluation, the concurrent request by the provider for a stand alone biofeedback is not medically necessary and appropriate.

Medical nutrition -- [REDACTED] weight loss system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna clinical policy bulletin: Weight reduction medications and programs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for disease control and prevention, Healthy Weight - it's not a diet, it's a lifestyle!

Decision rationale: The injured worker sustained a work related injury on 07/02/2002. The medical records provided indicate the diagnosis of sprain/strain of elbow/arm unspecified, carpal tunnel syndrome and trigger finger. Previous treatments include oral medications; these caused stomach upset. The medical records provided for review do not indicate a medical necessity for [REDACTED] weight loss system. The MTUS is silent on this. The records reviewed do not indicate how the weight gain is related to the work injury; besides, the Centers for Disease Control and Prevention states that, "Healthy weight loss is not just about a "diet" or "program". It's about an ongoing lifestyle that includes long-term changes in daily eating and exercise habit". It starts with commitment.

Ibuprofen cream 10% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The injured worker sustained a work related injury on 07/02/2002. The medical records provided indicate the diagnosis of sprain/strain of elbow/arm unspecified, carpal tunnel syndrome and trigger finger. Previous treatments include oral medications; these caused stomach upset. The medical records provided for review do not indicate a medical necessity for Ibuprofen cream 10% 60gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS does not recommend the use of Ibuprofen as a topical Analgesic.