

Case Number:	CM15-0110052		
Date Assigned:	06/16/2015	Date of Injury:	09/21/2011
Decision Date:	09/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female, who sustained an industrial injury on September 21, 2011. The mechanism of injury was repetitive work duties while working as an administrative assistant. The injured worker has been treated for neck, bilateral shoulder, bilateral elbow and bilateral wrist complaints. The diagnoses have included carpal tunnel syndrome, ulnar nerve lesion, chronic pain, myofascial pain, rule out neurovascular compression syndrome, shoulder girdle laxity, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy and bilateral elbow surgery. Current documentation dated May 19, 2015 notes that the injured worker reported multiple complaints including continuous neck pain, bilateral shoulder pain, bilateral elbow pain and bilateral wrist pain. The neck pain radiated to the bilateral shoulders and down the left arm. Associated symptoms included weakness, swelling, numbness and tingling. The bilateral shoulder and elbows pain was noted to be greater on the left than the right. Associated symptoms included spasms, weakness and tingling. The pain was also noted to radiate into both wrists with cramping and weakness. Examination of the cervical spine revealed tenderness, a positive axial head compression test and a decreased range of motion. Examination of the bilateral shoulders revealed tenderness, a positive impingement test bilaterally and a decreased range of motion bilaterally. Thoracic outlet testing revealed a positive Roos test, brachial plexus Tinel test and an abduction test bilaterally. The treating physician's plan of care included a request for a screening Doppler ultrasound of the brachial plexus, pain psychological evaluation and treatment, scalene stabilization brace, Butrans Patch 10 mcg # 4 and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Screening Doppler Ultrasound of Brachial Plexus: Upheld

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

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.

Decision rationale: This 48 year old female has complained of neck pain, shoulder pain, elbow pain and wrist pain since date of injury 9/21/2011. She has been treated with surgery, physical therapy and medications. The current request is for screening doppler ultrasound of the brachial plexus. Per the ODG guidelines cited above, screening doppler ultrasound of the brachial plexus is not recommended in the evaluation of possible thoracic outlet syndrome. Additionally, the available medical records do not document the provider rationale for request of this testing. On the basis of the available medical records and per the ODG guidelines cited above, screening doppler ultrasound of the brachial plexus is not indicated as medically necessary.

Pain Psychological Evaluation and Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: This 48 year old female has complained of neck pain, shoulder pain, elbow pain and wrist pain since date of injury 9/21/2011. She has been treated with surgery, physical therapy and medications. The current request is for a pain psychological evaluation and treatment. Per the MTUS guidelines cited above, psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There is no provider rationale however for the request of psychological treatment as the evaluation has not yet been performed. On the basis of the available medical records and per the MTUS guidelines cited above, pain psychological evaluation and treatment is not indicated as medically necessary.

Scalene Stabilization Brace: Upheld

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

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.

Decision rationale: This 48 year old female has complained of neck pain, shoulder pain, elbow pain and wrist pain since date of injury 9/21/2011. She has been treated with surgery, physical therapy and medications. The current request is for a scalene stabilization brace. Per the ODG, guidelines cited above, immobilization and bracing are not recommended for the treatment of chronic shoulder pain. On the basis of the available medical documentation and per the ODG guidelines cited above, a scalene stabilization brace is not indicated as medically necessary.

Butrans Patch 10 MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old female has complained of neck pain, shoulder pain, elbow pain and wrist pain since date of injury 9/21/2011. She has been treated with surgery, physical therapy and medications to include opioids since at least 04/2013. The current request is for Butrans patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Butrans patch is not indicated as medically necessary.

Voltaren Gel: Upheld

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

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

Decision rationale: This 48 year old female has complained of neck pain, shoulder pain, elbow pain and wrist pain since date of injury 9/21/2011. She has been treated with surgery, physical therapy and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and anti-depressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Voltaren gel is not indicated as medically necessary.