

Case Number:	CM15-0128994		
Date Assigned:	07/20/2015	Date of Injury:	09/01/2011
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 37 year old female, who sustained an industrial injury on Sept 01, 2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right upper extremity overuse syndrome, left upper extremity overuse syndrome, status post removal of left volar forearm cyst, right carpal tunnel syndrome with a positive electromyogram, and status post right carpal tunnel release. Treatment and diagnostic studies to date has included electromyogram to the upper extremities and the cervical spine, magnetic resonance imaging of the left wrist, medication regimen, acupuncture, home exercise program, and physical therapy. In a progress note dated June 04, 2015 the treating physician reports complaints of pain to the bilateral elbows and the bilateral wrists with the pain radiating to the left elbow with numbness and tingling, and complaints of an increase in left wrist cramping. Examination of the left wrist reveals bilateral positive Phalen's test, bilateral positive Tinel's test, bilateral positive compression test to the median nerve, and tenderness to the left wrist. The examination also revealed a decreased range of motion to the bilateral wrists. The documentation from March 27, 2015 noted prior prescriptions for Norco, Gabapentin, Celebrex, Imitrex, Prilosec, Phenergan, and Flexeril, but the documentation did not include the injured worker's current medication regimen. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use

of her medication regimen. The treating physician also noted prior physical therapy of an unknown quantity along with lack of documentation indicating if the injured worker's experienced any functional improvement with prior physical therapy. The treating physician requested the medications of Flexeril 10mg with a quantity of 60, Norco 10/325mg with a quantity of 90, Promethazine, and Dulcolax, but the documentation provided did not indicate the specific reasons for the requested medications. The treating physician also requested physical therapy two to three times a week for six weeks for scar tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2-3x6 (Scar Tissue Massage): 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 therapy Page(s): 174.

Decision rationale: The medical records report pain in the lumbar region but do not document specific functional goals for 18 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 18 visits of PT. The request is not medically necessary.

Flexeril 10 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

Decision rationale: The medical records indicate chronic condition of muscle pain with ongoing use of Flexeril greater than 3 weeks. MTUS guidelines only support short-term treatment (less than 3 weeks) use of Flexeril. The medical records report persistent pain without objective report of increased functionality or functional benefit in support of continued long-term treatment with Flexeril. The request is not medically necessary.

Norco 10/325 MG #90: Upheld

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

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

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. The request is not medically necessary.

Promethazine: 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), AEDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDA- promethazine is FDA indicated for the treatment of nausea or vomiting.

Decision rationale: The medical records do not indicate a condition of nausea or vomiting. Promethazine is indicated for treatment of nausea or vomiting. As such, the medical records do not support the use of promethazine for the insured. The request is not medically necessary.

Dulcolax: 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), AEDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain, opioid induced constipation.

Decision rationale: ODG guidelines support use of medication such as Colace for opioid induced constipation. ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. The medical records do not support opioid therapy and as such does not support dulcolax therapy. The request is not medically necessary.